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Date \_\_\_\_\_ Name of patient \_\_\_\_\_

Person responsible for paying the bill (name/address/e-mail/phone)

\_\_\_\_\_  
\_\_\_\_\_

I understand I will receive invoices via paperless e-mail through Quickbooks  
(please initial) \_\_\_\_\_

My preferred billing e-mail address is:

\_\_\_\_\_

For the First Consultation, payment is due at the time of the appointment.

For all follow up appointments, I authorize Dr. Lisa Goldfarb to charge my credit card or  
EFT transfer.

Signature \_\_\_\_\_

PAYMENT OPTIONS (please choose one):

\_\_\_\_ I would like to pay my bill in advance of appointment using Chase Zelle Quickpay  
(using [LisaGoldfarbMD@me.com](mailto:LisaGoldfarbMD@me.com))

\_\_\_\_ I would like to have Dr. Goldfarb charge all payments using my EFT (transfer from  
bank account) (information on Credit Card & EFT Authorization form)

\_\_\_\_ I would like to have Dr. Goldfarb charge all payments to my credit card  
(information on Credit Card & EFT Authorization form)

\_\_\_\_\_  
Patient Signature