

**Richard A. Wyckoff, PhD  
GeroServices, Inc.  
13606 NE 20<sup>th</sup> Street, Suite 205  
Bellevue, WA 98005**

**Telephone: 425-765-0475**

**Email: [info@DrWyckoff.org](mailto:info@DrWyckoff.org)**

---

### **Credit / Debit Card Billing Authorization**

I authorize Richard A. Wyckoff, PhD, to charge my credit card for any amounts not covered by health insurance including deductibles, co-pays, co-insurance and missed appointment charges.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Card:  Master Card  Visa  
This is a:  Credit Card  Debit Card

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Signature: \_\_\_\_\_