CBMD

CHRISTOPHER BARLEY, M.D.

110 EAST 55TH STREET, NEW YORK, NY 10022 | TELEPHONE: 212.758.3590

FINANCIAL RESPONSIBILITY FORM

Dear Patients,

Please be advised that we are asking every patient to provide us with current credit card information at the time of service.

We require payment at the time of services, but should outstanding balances remain on your account for longer then 30 days, the credit card information that you have provided to us will be processed, along with a $10.00 processing fee.

Thank you for your cooperation.

Signature: _____

Print Name: _____

Date: _____