



Pre-Authorization Form

Account #

The Geivelis Group
106 W. Bartlett Avenue
Bartlett, IL 60103-4235
1(630)830-4930

Card Holder Name: _____

Exp Date (MMYY): _____

Card Number: _____

Zip Code: _____

Card Type: _____

I authorize The Geivelis Group to keep my signature on file and to charge the credit card specified above in the event that my insurance reimburses me instead of Dr. Geivelis for services I have not been made liable.

Charges for the following family members:

(authorized family member)

(authorized family member)

(authorized family member)

(authorized family member)

Cardholder Name: _____

Cardholder Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature: _____ **Date:** _____