INTERPSTUDIES.COM

CREDIT CARD AUTHORIZATION FORM

I hereby give permission for InterpStudies, LLC to charge:
$100.00 for home sleep study interpretations using SleepMed ARES.

The information to charge my card is as follows:
Circle one: VISA MASTERCARD DISCOVER AMEX

Credit Card Number	
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Name printed on card	

Name(s) of Ordering Doctors		DMD/DDS
Practice name		

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Phone number	Fax number	
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Billing address

Street		
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By signing this document, you authorize InterpStudies, LLC to electronically debit your credit card for completed physician interpretations of home sleep studies obtained through our company.

Cardholder's signature_____

Date_____

Please email or fax to:

InterpStudies, LLC
5114 State Route 21 South
Canandaigua, NY 14424
interpstudies@gmail.com
(585)-394-6524

Please contact the Billing Department at 585-394-6524 with any concerns.