

Michael A. Mazius, Ph.D. - Clinic Director
Craig L. Abrams, Ph.D.
Judy Blumenfeld, Ph.D.
Terry Carr, LCSW, LSSW
Joy Carter, Tutor
Penny Greene, Tutor
Julie Housiaux Caldwell, Psy.D.
Donna M. Laughrin, Ph.D.
Rebecca Leipold, LCSW
Angela Miller, LPC

North Shore Center, L.L.C.



10303 N. Port Washington Road
Suite 203
Mequon, WI 53092
(262) 241-5955 • Fax: (262) 241-5926
www.northshorecenterllc.com

Robert F. Newby, Ph.D., ABPP-CN
Jennifer G. O'Brien, LPC
Laurie B. Pasch, LCSW, LMFT, B.C.D
Terri Peckerman-Stein, LCSW, MSW
Amy Schwabe, LPC
Nina Sebastian Bredehorn, MSN, APNP, CPNP, PMHS
Jenny Strom, LPC
Cheryl Ward, MSM, CALP

CREDIT CARD ON FILE BILLING AUTHORIZATION FORM

Please complete this form if you would like North Shore Center, LLC to keep your credit/debit card on file for future appointments/monthly payments. You may elect to provide us payment information with each visit if you do not wish us to keep your information on file. You may also cancel this automatic billing authorization at any time.

Patient Name: _____

Cardholder Name: _____

Card Number: _____ Visa/Mastercard/Discover

Expiration Date: _____ Security Code: _____

Authorized Signature: _____

Please be advised that we do not share information provided to us with any third party. We take special care to ensure that all account and personal information is held in the strictest confidence.