



CLIENT INFORMATION FOR THE 2023
PHYSICIAN ADVOCACY PROGRAM

Client Name: _____

Practice Name: _____

Office Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone #: (____ __) _____ - _____ Ext. _____

Office Fax #: (____) _____ - _____ Cell Phone #: (____) _____ - _____

Email Address: _____

Contact Preference: Office:___ Cell:___ Email:___

Please Circle The Program Below You Wish To Join:

Premier Program - \$999

Comprehensive Program - \$699

Basic Program - \$399

Payment Methods

1. Online:

[Pay here](#)

Payment via eCheck has no fee

All credit card payments require a fee charged by the credit card processing company.

***If you decide to make an online payment, please email this form to ThePAP@weisszarett.com**

2. Mail Checks to:

PAP Department

Weiss Zarett Brofman Sonnenklar & Levy, P.C.

3333 New Hyde Park Road, Suite 211

New Hyde Park, NY 11042

Contact [Mathew J. Levy, Esq.](mailto:mlevy@weisszarett.com) with any questions at 516-926-3320 or mlevy@weisszarett.com.