CREDIT CARD PAYMENT

Date: ❑❑/❑❑/❑❑

Name: ❑❑❑❑❑❑❑❑❑❑❑❑ ❑❑❑❑❑❑❑❑❑❑❑❑

Account Number: ❑❑❑❑❑❑❑❑❑

Payment Amount: $ ❑❑❑❑❑.❑❑

Type of Payment:
- ❑ Office Visit Copay
- ❑ Payment on Account
- ❑ Surgery Prepayment

Type Credit Card:

❑ VISA ❑ MasterCard ❑ Discovery

Credit Card Number: ❑❑❑❑ ❑❑❑❑ ❑❑❑❑ ❑❑❑❑

Expiration Date: ❑❑/❑❑

Send Credit Card Payment Receipt? ❑ Yes ❑ No