



4390 Parliament Place, Suite R  
Lanham, MD 20706

800-824-6814

## Credit Card Payment Form

### Patient Information

TIN: 522351736

Today's Date		Date Of Service	
Last Name	Middle	First Name	
Address			
City		State	Zip
Daytime Phone		Evening Phone	

### Billing Information

Last Name (If different from Patient)		Middle	Last Name
Address (If different from Patient)			
City		State	Zip
Daytime Phone		Evening Phone	

### Credit Card Information

Card Name	Prefix	Card Number	Amount Charged	Expiration Date

### For Internal Use Only.

Authorization # \_\_\_\_\_

Reference # \_\_\_\_\_

Processed by \_\_\_\_\_

Supervisor's Approval \_\_\_\_\_ Date \_\_\_\_\_