

Payment Options

Patient name: _____

We accept checks, MasterCard, Visa, American Express and Discover Cards.

Please indicate how you would like to pay your balance:

___ Check enclosed (payable to Ray Austin)

___ Credit card (fill out next few lines)

Name on card _____

Card number _____

Security number on card (3 or 4 digits) _____

Expiration date on card _____

Billing address for card _____

Amount you are authorizing to be charged (if less than full balance, please indicate how you plan to pay remaining balance):

Signature of card holder

Date