

YOUR COMPANY NAME **001001**
COMPANY ADDRESS Date: _____
CITY,STATE AND ZIP
Patient Name: _____ \$ _____
Amount: _____ Dollars
Memo: _____
To be applied as follows: Cash Check # _____
Self-Pay For Today: \$ _____ VISA / MC
Apply To Balance: \$ _____ Card #: _____
Your Receipt - Thank You Exp Date: _____
By: _____ Last Three Digits on Back of Card: _____

YOUR COMPANY NAME **001002**
COMPANY ADDRESS Date: _____
CITY,STATE AND ZIP
Patient Name: _____ \$ _____
Amount: _____ Dollars
Memo: _____
To be applied as follows: Cash Check # _____
Self-Pay For Today: \$ _____ VISA / MC
Apply To Balance: \$ _____ Card #: _____
Your Receipt - Thank You Exp Date: _____
By: _____ Last Three Digits on Back of Card: _____

YOUR COMPANY NAME **001003**
COMPANY ADDRESS Date: _____
CITY,STATE AND ZIP
Patient Name: _____ \$ _____
Amount: _____ Dollars
Memo: _____
To be applied as follows: Cash Check # _____
Self-Pay For Today: \$ _____ VISA / MC
Apply To Balance: \$ _____ Card #: _____
Your Receipt - Thank You Exp Date: _____
By: _____ Last Three Digits on Back of Card: _____

YOUR COMPANY NAME **001004**
COMPANY ADDRESS Date: _____
CITY,STATE AND ZIP
Patient Name: _____ \$ _____
Amount: _____ Dollars
Memo: _____
To be applied as follows: Cash Check # _____
Self-Pay For Today: \$ _____ VISA / MC
Apply To Balance: \$ _____ Card #: _____
Your Receipt - Thank You Exp Date: _____
By: _____ Last Three Digits on Back of Card: _____