

Texas Kidney Institute

Credit Card Payments

Patient: _____

Address: _____

_____ Texas _____

Acct # _____

Acct Bal Due: \$ _____

Payment Plan: yes / no

VISA MASTERCARD DISCOVER AM EX OTHER _____

Name as it appears on card: _____

CC#: _____ - _____ - _____ - _____

EXP: _____ / _____ / _____

3# CV: _____

Who called in: Patient _____ Spouse _____ Parent/Guardian _____

Name: _____

Phone#: _____

Just in case we have problems with the transaction.

Taken by: _____ Date: _____