

# **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: \_\_\_\_\_