ASSOCIATED SURGICAL AND MEDIO 3000 Cliffwood Road, Suite 100 • Chesto		
908-879-4000	MR #:	
Patient Name:	\$	
Amount:		Dollars
To be applied as follows:	□ Cash	
Co-Pay / Co-Insurance: \$	☐ Check #	
Self-Pay For Today: \$		
Apply To Balance: \$		
	Card #:	
Your Receipt - Thank You	Exp Date:	
By:	Last Three Digits on Back of Card:	
ASSOCIATED SURGICAL AND MEDIC	CAL SPECIALISTS	
3000 Cliffwood Road, Suite 100 • Chest		
908-879-4000	MR #:	
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