

DEPARTMENT OF MEDICINE Receipt #: DOM

Group No. / Division: \_\_\_\_\_

Acct Rep: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MRN / HISTORY NO. \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ \$ AMOUNT: \_\_\_\_\_

PAYMENT TYPE: ☐ Co-Payment ☐ Past Due Balance ☐ TOS ☐ Other \_\_\_\_\_

METHOD OF PAYMENT: ☐ Cash ☐ Check No. \_\_\_\_\_ ☐ Travelers Check No. \_\_\_\_\_ ☐ Money Order

License No. \_\_\_\_\_

SECURITY: THIS DOCUMENT CONTAINS A VOID PANTOGRAPH. WHEN PHOTCOPIED, THE WORD "VOID" WILL APPEAR.

DEPARTMENT OF MEDICINE Receipt #: DOM

Group No. / Division: \_\_\_\_\_

Acct Rep: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MRN / HISTORY NO. \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ \$ AMOUNT: \_\_\_\_\_

PAYMENT TYPE: ☐ Co-Payment ☐ Past Due Balance ☐ TOS ☐ Other \_\_\_\_\_

METHOD OF PAYMENT: ☐ Cash ☐ Check No. \_\_\_\_\_ ☐ Travelers Check No. \_\_\_\_\_ ☐ Money Order

License No. \_\_\_\_\_

SECURITY: THIS DOCUMENT CONTAINS A VOID PANTOGRAPH. WHEN PHOTCOPIED, THE WORD "VOID" WILL APPEAR.

DEPARTMENT OF MEDICINE Receipt #: DOM

Group No. / Division: \_\_\_\_\_

Acct Rep: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MRN / HISTORY NO. \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ \$ AMOUNT: \_\_\_\_\_

PAYMENT TYPE: ☐ Co-Payment ☐ Past Due Balance ☐ TOS ☐ Other \_\_\_\_\_

METHOD OF PAYMENT: ☐ Cash ☐ Check No. \_\_\_\_\_ ☐ Travelers Check No. \_\_\_\_\_ ☐ Money Order

License No. \_\_\_\_\_

SECURITY: THIS DOCUMENT CONTAINS A VOID PANTOGRAPH. WHEN PHOTCOPIED, THE WORD "VOID" WILL APPEAR.

DEPARTMENT OF MEDICINE Receipt #: DOM

Group No. / Division: \_\_\_\_\_

Acct Rep: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MRN / HISTORY NO. \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ \$ AMOUNT: \_\_\_\_\_

PAYMENT TYPE: ☐ Co-Payment ☐ Past Due Balance ☐ TOS ☐ Other \_\_\_\_\_

METHOD OF PAYMENT: ☐ Cash ☐ Check No. \_\_\_\_\_ ☐ Travelers Check No. \_\_\_\_\_ ☐ Money Order

License No. \_\_\_\_\_

SECURITY: THIS DOCUMENT CONTAINS A VOID PANTOGRAPH. WHEN PHOTCOPIED, THE WORD "VOID" WILL APPEAR.