



UC Irvine Health

Outpatient Specialty Pharmacy

Credit Card Phone Payment

Date: _____

MRN: _____

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Credit Card No. _____

Exp: _____ Security No. _____

Billing Address: _____ Zip Code: _____

Cardholder Name: _____

Medication Name(s)

Credit Card Slip

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total amount paid \$ _____

A large, empty rectangular box with a black border, intended for a credit card slip or receipt.