



**UC Irvine Health**

## Outpatient Specialty Pharmacy

### Credit Card Phone Payment

**Date:** \_\_\_\_\_

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

**Credit Card No.** \_\_\_\_\_

**Exp:** \_\_\_\_\_ **Security No.** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

**MRN:** \_\_\_\_\_

**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.