

TITLE

Credit Card Phone Payment

Date: _____

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

Credit Card No. _____

Exp: _____ Security No. _____

Cardholder Name: _____

MRN: _____

Medication Name(s)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total amount paid \$ _____

Credit Card Slip

