Credit card payment:

Patient Name:	
Account #:	**Amount:**

☐ **Visa** ☐ **Mastercard** ☐ **Discover** ☐ **American Express**

Card #:	- - -
Exp Date: /	**Security Code:**
Signature:	

To make a credit card payment by phone please call 210-650-9066.

Mail to:

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