
If paying by credit card, enter the amount you are paying
fill out below.

_____ Mastercard _____ Visa _____ Amex

Card # _____

Signature _____

Date	
7/29/2015	

Date	Patient	Description	Charges	Credits
7/1/2015		Previous Balance		
7/1/2015			40.00	
7/1/2015			180.00	

Current	30 Days	60 Days	90 Days	1
220.00	0.00	0.00	0.00	

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