



# GOLDEN STATE ORTHOPEDICS & SPINE

## CREDIT CARD PAYMENT FORM

Patient Name: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

Credit Card Type:  Amer Express  Discover  MasterCard  Visa

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

ON BACK OF CARD

### ADDRESS

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

FOR OFFICE USE ONLY. PATIENT DOES NOT COMPLETE THIS PART.

Name of Person Calling: \_\_\_\_\_

Relationship to Patient:  Self  Spouse  Other

Patient NextGen Account Number: \_\_\_\_\_

What is Payment For?

Payment on Acct  Surgery Deposit  Forms /Medical Records  Imaging

Taken By: \_\_\_\_\_ Date: \_\_\_\_\_