PAYMENT AUTHORIZATION
Achilles Podiatry
317-931-0664 – PHONE
317-931-0797 - FAX

I, _____ , do authorize Podiatry Billing Masters to charge

$_____ to my Credit card, Visa, Master Card, or Discover.

Card Number :_____ 3 digit security code _____

Exp date: _____

On _____, 2008

_____

(print name) (date)

_____

(signature) (date)

Patient account number

card run by _____ Date_____

Revised 8-20-08