SeaView Community Services
PO Box 1045 • Seward, Alaska 99664
907-224-5257

Date:_____

Patient Name: _____ $ _____

Amount:_____ Dollars

Memo: _____

To be applied as follows: ☐ Cash ☐ Check # _____

    Self-Pay For Today: $_____   ☐ VISA / MC

      Apply To Balance: $_____   Card #:_____

Your Receipt - Thank You   Exp Date:_____

By:_____   Last Three Digits on Back of Card:_____

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