		DEPARTMENT OF MEDICINE Receipt #: DOM Group No. / Division:		
		Acct Rep:		
	PATIENT NAME:			
	ADDRESS:			
	DATE OF BIRTH:	MRN	/ HISTORY NO	
	PAYMENT TYPE: ☐ Co-Payment ☐ F	Past Due Balance 🔲 TOS 🔲 Other_		
	METHOD OF PAYMENT: ☐ Cash ☐			
	Lie	CONTAINS A VOID PANTOGRAPH. WHEN PHOTCOPIED, TH		
	SECURITY: THIS DOCUMENT	CONTAINS A VOID PANTOGRAPH. WHEN PHOTCOPIED, TH	HE WORD "VOID" WILL APPEAR.	
		DEPARTMENT OF MEDICINE Group No. / Division: Acct Rep:	•	
	PATIENT NAME:			
	ADDRESS:			
	DATE OF BIRTH:			
247				
RE-ORDER 1-800-778-6247	PAYMENT TYPE: Co-Payment F			
98-	METHOD OF PAYMENT: ☐ Cash ☐			
RDER	Lie	cense No		
	SECURITY: THIS DOCUMENT CONTAINS A VOID PANTOGRAPH. WHEN PHOTCOPIED, THE WORD "VOID" WILL APPEAR.			
SINESS SYSTEMS, INC.		DEPARTMENT OF MEDICINE Group No. / Division: Acct Rep:	•	
BUSIN	PATIENT NAME:		DATE:	
DATA BU	ADDRESS:			
	DATE OF BIRTH:			
	PAYMENT TYPE: Co-Payment F	Past Due Balance 🔲 TOS 🔲 Other_		
	METHOD OF PAYMENT: ☐ Cash ☐	Check No Travelers	Check No	☐ Money Order
	Lie	cense No		
	SECURITY: THIS DOCUMENT CONTAINS A VOID PANTOGRAPH. WHEN PHOTCOPIED, THE WORD "VOID" WILL APPEAR.			
		DEPARTMENT OF MEDICINE Group No. / Division: Acct Rep:	·	
	PATIENT NAME:			
	ADDRESS:			
	DATE OF BIRTH:			
	PAYMENT TYPE: Co-Payment F			
		Check No Travelers		
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		CENSE NO. CONTAINS A VOID PANTOGRAPH. WHEN PHOTCOPIED, TH		