SeaView Community Services PO Box 1045 • Seward, Alaska 99664 907-224-5257	Date:	
Patient Name:	\$	
Amount:		Dolla
Memo:		
To be applied as follows:	□ Cash □ Check #	
Self-Pay For Today: \$		
Apply To Balance: \$		
Your Receipt - Thank You	Exp Date:	
Ву:	Last Three Digits on Back of Card:	
SeaView Community Services PO Box 1045 • Seward, Alaska 99664 907-224-5257	Date:	
Patient Name:	\$	
Memo:		
To be applied as follows:	□ Cash □ Check #	
Self-Pay For Today: \$		
Apply To Balance: \$		
Your Receipt - Thank You	Exp Date:	
By: SeaView Community Services PO Box 1045 • Seward, Alaska 99664	Last Three Digits on Back of Card:	
By: SeaView Community Services PO Box 1045 • Seward, Alaska 99664 907-224-5257	Last Three Digits on Back of Card: Date:	
By: SeaView Community Services PO Box 1045 • Seward, Alaska 99664 907-224-5257 Patient Name:	Last Three Digits on Back of Card: Date:	
By: SeaView Community Services PO Box 1045 • Seward, Alaska 99664 907-224-5257 Patient Name: Amount:	Last Three Digits on Back of Card: Date: \$\$	
By: SeaView Community Services PO Box 1045 • Seward, Alaska 99664 907-224-5257 Patient Name: Amount: Memo:	Last Three Digits on Back of Card: Date: \$\$	Dolla
By: SeaView Community Services PO Box 1045 • Seward, Alaska 99664 907-224-5257 Patient Name: Amount: Memo: To be applied as follows:	Last Three Digits on Back of Card: Date: \$ \$ Cash □ Check #	Dolla
By: SeaView Community Services PO Box 1045 • Seward, Alaska 99664 907-224-5257 Patient Name: Amount: Memo:	Last Three Digits on Back of Card: Date: \$ Cash □ Check # □ VISA / MC	Dolla
By: SeaView Community Services PO Box 1045 • Seward, Alaska 99664 907-224-5257 Patient Name: Amount: Memo: To be applied as follows: Self-Pay For Today: \$	Last Three Digits on Back of Card: Date: \$	Dolla
By: SeaView Community Services PO Box 1045 • Seward, Alaska 99664 907-224-5257 Patient Name: Amount: Amount: Memo: To be applied as follows: Self-Pay For Today: \$ Apply To Balance: \$	Last Three Digits on Back of Card: Date: \$\$ \$\$ □ Cash □ Check # □ VISA / MC Card #:	Dolla
By: SeaView Community Services PO Box 1045 • Seward, Alaska 99664 907-224-5257 Patient Name: Amount: Memo: To be applied as follows: Self-Pay For Today: \$ Apply To Balance: \$ Your Receipt - Thank You	Last Three Digits on Back of Card: Date: \$ \$ \$ Cash □ Check # \$ VISA / MC Card #: \$ Exp Date:	Dolla
By: SeaView Community Services PO Box 1045 • Seward, Alaska 99664 907-224-5257 Patient Name: Amount: Memo: Memo: <i>To be applied as follows:</i> Self-Pay For Today: \$ Apply To Balance: \$ <i>Your Receipt - Thank You</i> By: SeaView Community Services PO Box 1045 • Seward, Alaska 99664 907-224-5257	Last Three Digits on Back of Card: Date:\$	Dolla
By: SeaView Community Services PO Box 1045 • Seward, Alaska 99664 907-224-5257 Patient Name: Amount: Memo: <i>To be applied as follows:</i> Self-Pay For Today: \$ Apply To Balance: \$ <i>Your Receipt - Thank You</i> By: SeaView Community Services PO Box 1045 • Seward, Alaska 99664 907-224-5257 Patient Name:	Last Three Digits on Back of Card: Date: 	Dolla
By: SeaView Community Services PO Box 1045 • Seward, Alaska 99664 907-224-5257 Patient Name: Amount: Memo: Memo: To be applied as follows: Self-Pay For Today: \$ Apply To Balance: \$ Your Receipt - Thank You By: SeaView Community Services PO Box 1045 • Seward, Alaska 99664 907-224-5257 Patient Name: Amount:	Last Three Digits on Back of Card: Date:\$	Dolla
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