



## Payment Method Update Form

Enter your payment details to update your preferred payment method.

### Full Name (Patient)

First Name

Last Name

### Preferred Payment Method

- Card - VISA/MasterCard/American Express (processing fee will apply)
- Cash - due by the 25th of every month
- Check - to be received by the 25th of every month
- HSA/FSA
- Electronic Bill Pay - please include patient's name or account #

### Full Credit/Debit Card Number (if applicable)

Expiration Date

Security Code

Zip Code

### Signature

### Submit Payment Info

Please return this completed form to our office at your earliest convenience.