

# **R** CENTER FOR **RHEUMATOLOGY**

Solutions for diseases of joints, muscles, bones and arthritis

8640 West 3<sup>rd</sup> Street, Suite 300

Los Angeles, CA 90048

P: 310-659-7878

F: 310-659-7117

## **Credit Card Payment Form**

(Please note that we only accept Visa, Mastercard, and American Express)

Date: \_\_\_\_\_ Name of Patient: \_\_\_\_\_

Patient's Account #: \_\_\_\_\_ Amount to be Paid: \_\_\_\_\_

### **Credit Card Information**

Name on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Three or Four Digit Security Code: \_\_\_\_\_

\*\* The security code for Visa or Mastercard is on the back of the credit card.

\*\* The security code for American Express is on the front of the credit card.

**PLEASE FAX THE COMPLETED FORM TO: 310-659-7117  
THANK YOU!**