



LPL Medical Billing Services

The Mental Health Claims Processing Firm for "Peace of Mind"

CREDIT CARD PAYMENT

DATE: _____

CREDIT CARD INFO

- MASTERCARD (16 digits)
 VISA (13 or 16 digits)
 DISCOVER (16 digits)
 AM/EX (15 digits)

CARD #: _____

EXPIRATION DATE: _____

NAME ON CARD: _____ PHONE #: _____

HOME ADDRESS: _____

CARDHOLDER SIGNATURE: _____

AMOUNT OF PAYMENT: \$ _____

PATIENT INFORMATION

PATIENT NAME (IF DIFFERENT THAN CARDHOLDER): _____

DOCTOR/THERAPIST: _____

PROCESSING OPTIONS

MAIL INFO: LPL MEDICAL BILLING SERVICES
3606 JOHN SIMMONS COURT
URBANA, MD 21704

FAX INFO: (301) 831-8958 (LPL MEDICAL BILLING SERVICES)

PHONE INFO: (301) 831-8957 (LPL MEDICAL BILLING SERVICES)