CAPE COD PEDIATRICS

P.O. Box 549 • 55 Route 130 • Forestdale. MA 02644
(508) 477-5306 • (508) 477-0297 FAX
e-mail: ccpediatrics@comcast.net

PAYMENT PLAN INFORMATION

PATIENT NAME/ ACCOUNT: _____

CARD HOLDERS FULL NAME: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CVC NUMBER (BACK OF CARD): _____

MONTHLY PAYMENT DATE: _____

MONTHLY PAYMENT AMOUNT: _____

***EMAIL ADDRESS:** _____

***PLEASE EXPLAIN WE WILL BE SENDING A PAYMENT PLAN AGREEMENT BY EMAIL.**