OREGON
SURGERY CENTER
2801 N W Mercy Drive, Suite 200
Roseburg, OR 97470
Telephone (541) 677-2800
Fax (541) 677-2820

Credit Card Payments

Patient Name _____

Cardholder Name _____

VISA or MASTERCARD _____

Card Number _____

Exp. Date _____

Amount _____

Date _____

Facility _____

FOR INTERNAL PURPOSES ONLY:

Authorization # _____

Patient Account # _____