

# The Village Sleep Lab

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The Villages, Florida 32159

Fax: 1-352-751-4955

Billing Office: 1-888-731-7608

## PAYMENT FORM

*Please Fax or Mail to us*

Payment by:     Check                       Money Order

VISA                               MasterCard

Name (on card): \_\_\_\_\_

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Amount Paid: \_\_\_\_\_

Signature: \_\_\_\_\_

Home/Cell Phone & Area Code: \_\_\_\_\_

Email: \_\_\_\_\_

Patient Account Number: \_\_\_\_\_

(If you received a patient statement, the number would be on this form)

Please Note: By signing this form you are giving us permission to use your credit card information to pay your patient bill. The paid entity will appear listed on your card statement as "Pediatric Services & Breathing Center"

**THANK YOU VERY MUCH**