

Phone: 509-482-9037

Fax: 509-487-2251

Patient Name:	
Card Holder Name:	
Card Holder Street Address:	
Card Holder Zip Code:	
Credit Card Number:	
Expiration Date: (MM/YY)	
CVV2: (security pin)	
Total Amount:	
Chevie Vision	: 509-482-9037 5 09-487-2251
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