

# Clinic Payment Form

Name of Student Clinician: \_\_\_\_\_

**When taking in a clinic payment in the form of CASH or CHECK, please fill out the information below:**

First and last name of parent who is making the payment: \_\_\_\_\_

First and last name of client: \_\_\_\_\_

Date of payment: \_\_\_\_\_

Check # (if applicable): \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Paid in Full? **Yes** or **No** (circle one)

If no, how many payments will be made in what amounts? \_\_\_\_\_

**When taking in a clinic payment in the form of CREDIT, please fill out the following information:**

First and last name of parent who is making the payment: \_\_\_\_\_

First and last name of client: \_\_\_\_\_

Date of payment: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Paid in Full? **Yes** or **No** (circle one)

If no, how many payments will be made in what amounts? \_\_\_\_\_

Type of Card: **VISA** or **MASTERCARD** or **AMERICAN EXPRESS** (circle one)

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

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

Address that card is billed to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

When all the necessary information is complete, please place this form and the payment in a sealed envelope and place it on my keyboard. When I receive it, I will enter the information and leave your client's receipt in a campus envelope for you to pick up in the student pick-up box.