1 Burnside Drive
Wichita Falls, Texas 76310

(940) 322-6953 Fax: (940) 767-9301
(940) 264-5500 Fax: (940) 264-5503

Barry B. Prestridge, MD, FACS
Cameron D. Godfrey, MD
Jerry E. Giles, MD
Jed J. Grisel, MD
Melanie Lerew, MD
Tammie Franklin, FNP-BC
Jennifer Renner, MSN, FNP-C
Pamela Z. Bender, AuD, CCC-A
Karen LaValley, AuD, CCC-A
Kimberly Ravelo, AuD, CCC-A

Ear, Nose & Throat/Facial Cosmetic Surgery
Allergy Testing & Treatment
Audiology/Hearing Aids

Credit Card Payment Authorization Form

Please fill this form out completely. **Payment must be at least $50**, per month.

Please check credit card type:

O Visa O MasterCard O Discover O American Express

Credit Card Number: ______________________________

Expiration Date: ____/_____

I authorize Head & Neck Surgical Associates to keep my signature on file and to charge my payments to the credit/debit card selected above.

Amount to be charged: $_______

O Charge this amount on the ______ of each month OR

O Take this amount out weekly. Starting on __________.

Total balance to be paid: $_________

Cardholder signature: ____________________________ Date: ___________

Patient: (print) ____________________________ Account #:___________

(revised 8/27/18)