



VISA OR MASTERCARD PAYMENT PROCEDURE

PLEASE PROVIDE THE FOLLOWING INFORMATION AND FAX THE COMPLETED FORM TO MAYO MEDICAL LABORATORIES' BILLING OFFICE AT U.S. ACCESS CODE NUMBER PLUS 507-284-9747. IF YOU HAVE QUESTIONS, PLEASE CONTACT OUR BILLING OFFICE BY PHONE AT 507-266-5490, FAX 507-284-9747.

Client Name: _____

Client Account Number: _____

Client Fax: _____

Invoice Number: _____

Card Number: _____

Cardholder Name: _____

Expiration Date: _____

Payment Amount: _____