BAYLOR GENETICS

MAILING ADDRESS
2450 HOLCOMBE BLVD, O.104
HOUSTON, TX 77021-2039

BILLING QUESTIONS
713.798.6555

FAX
713.798.4187

EMAIL
billing@bmgl.com

CREDIT CARD PAYMENT AUTHORIZATION FORM

CREDIT CARD (PLEASE SELECT ONE):

○ AMEX ○ DISCOVER ○ MC ○ VISA

Patient Last Name _____ Patient First Name _____ MI _____ or Invoice# _____

Valid Card # _____ Expiration Date (MM / YY) ____ / ____ CVC Code _____

Cardholder Printed Name _____ Cardholder Email _____

Billing Address _____ City _____ State _____ Zip _____

Cardholder Signature _____

$ _____
Authorized Payment Amount

____ / ____ / ____
Payment Date (MM / DD / YYYY)