Medcom Billing Systems Inc.

Suite 260 – 233 West 1st Street
North Vancouver, British Columbia
V7M 1B3 Canada
Tel: (604) 929-9652 (ext. 300) Fax: (604) 929-9624 Email: invoice.medcom@shaw.ca (**pdf format only**)

Medcom Billing Systems & CC Billing (Credit Card Payment Department)

I AUTHORIZE CC BILLING TO PROCESS THIS PAYMENT THROUGH MY CREDIT CARD

BILL MY: _____VISA ____MASTERCARD

_____/_____/_____/_____ (16 DIGITS) CARD #

___/___/___(3 DIGITS) VALIDATION # (BACK OF CARD)

____/____ (M/Y) EXPIRY DATE

X_____ SIGNATURE OF CARDHOLDER

_____ BLOCK PRINT NAME OF CARDHOLDER

_____ DAYTIME PHONE #

FOR MEDICAL SERVICES PROVIDED BY _____; CLAIM #_____
DOCTOR/CLINIC OR HEALTH REGION NAME

IN THE AMOUNT OF $_____

_____
PATIENT NAME IF *OTHER* THAN CARDHOLDER

NOTE THAT THIS CHARGE WILL APPEAR ON YOUR STATEMENT UNDER THE NAME **CC BILLING**

RECEIPT REQUIRED? _____(yes)

Please complete and mail/ fax/ email only if paying by Credit Card

04/15

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