



3333 N. WEBB ROAD  
WICHITA KS 67226  
(316) 462-5363

ADDRESS SERVICE REQUESTED

IF PAYING BY CREDIT CARD, PLEASE SELECT CORRECT CARD AND FILL OUT BELOW

<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA		
CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
SHOW AMOUNT PAID HERE \$		

Please check box if below address is incorrect and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS	INSURANCE PENDING	PATIENT PAY (YOU OWE)
<div style="border: 1px solid red; padding: 5px; display: inline-block;">ACCOUNT NO. – <a href="#">enter in Invoice Number Field</a> on Payment Form – <a href="http://www.ksspine.com">Online Bill Pay at www.ksspine.com</a></div>					
MESSAGES			TOTAL	INSURANCE PENDING	AMOUNT DUE NOW
ACCOUNT NO.				STATEMENT DATE	RETAIN THIS COPY FOR YOUR RECORDS