FOREST HEALTH SERVICES 1000 Smith Street 1079 Accent Ave.		
□ 135 Border Ave □ 5 Book Street	Date:	20
Patient Name:	\$	
Self Pay / Co-pay: \$	For DOS:	
Apply to Balance: \$		
Total Amount Paid: \$	□ Cash □ Check #	
	□ Visa □ MC □ Amex	
	Card #	
Your Receipt - Thank You	Exp. DateLast (3) digits on back of card	
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FOREST HEALTH SERVICES		
□ 1000 Smith Street □ 1079 Accent Ave. □ 135 Border Ave □ 5 Book Street	Date:	20
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FOREST HEALTH SERVICES		
□ 135 Border Ave □ 5 Book Street	Date:	20
Patient Name:	\$	
Self Pay / Co-pay: \$	For DOS:	
Apply to Balance: \$	101 D03	
Total Amount Paid: \$	□ Cash □ Check #	
	Card #	
Your Receipt - Thank You	Exp. DateLast (3) digits on	
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FOREST HEALTH SERVICES		
<ul> <li>1000 Smith Street</li> <li>1079 Accent Ave.</li> <li>135 Border Ave</li> <li>5 Book Street</li> </ul>	Date:	20

□ 135 Border Ave □ 5 Book Street

Patient Name: \_\_\_\_\_\_\$ \_\_\_\_\_ Self Pay / Co-pay: \$ For DOS:\_\_\_\_\_ Apply to Balance: \$ □ Cash □ Check #\_\_\_\_\_ Total Amount Paid: \$ □ Visa □ MC □ Amex Card #\_\_\_\_\_ Your Receipt - Thank You Exp. Date \_\_\_\_\_ Last (3) digits on back of card \_\_\_\_\_

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