

Paulding County Hospital Family Health Day Participant Payment Form

This form only needs to be filled out for Credit Card Payment

- Fees: \$30.00 Chemistry Profile and Hemogram
 \$20.00 TSH (Thyroid Stimulating Hormone)
 \$10.00 Hemoglobin A1C
 \$20.00 PSA (Prostate Specific Antigen) for males only

Amount enclosed \$ _____ Name(s) of health fair participants that this payment covers:

Credit Card (More Information Needed Below)*

Credit Card Information:

Type of card: Visa Master Card

Name of card holder: _____ Account Number: _____

Expiration date of card: _____ Phone Number of card holder: _____

Signature of card holder: _____ Date: _____

***Payment will be held until the day of the health fair.**
If you choose not to participate, a complete refund will be made.