MedStar Georgetown University Hospital

3800 Reservoir Rd., N.W
CCC Bldg, Room 3402
Washington, DC 20007
202-444-3422 PHONE
202-444-0072 FAX
medstargeorgetown.org

Ashraf Kabil
Finance Administrator

Advocacy and International Services

March 16, 2016

Payment Authorization Form

Patient Name: _____

I authorize Georgetown University Hospital (GUH) to charge my:

___ American Express ___ MasterCard ___ VISA

Account Number: _____

Expiration Date: _____

Card Holder Name: _____

Card Holder Billing Address: _____

_____

_____

Telephone Number: _____

Signature of Cardholder: _____

For Office Use Only:
Amount to be charged: $ _____

Approval Code: _____

Patient's Account Number: _____

Medical Record Number: _____