



Center for International Health & Telemedicine

国际健康及远程医疗中心

Credit Card Payment • 信用卡支付

NAME • 姓名:	
MRN • 电子病历号:	
HAR • 医院账户:	
DATE • 日期:	

* Please fill out only in English 请仅用英文填写

Dear • 亲爱的 _____,

Credit cards accepted are VISA, American Express, Master Card, and
To complete the credit card payment we require the following information:

支持的信用卡包括VISA、American Express、Master Card以及Discovery。
我们需要以下信息完成本次支付:

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Credit card number • 卡号:	
CVV number • 信用卡验证码:	
Expiration date on credit card • 信用卡有效期:	
Mailing address • 邮寄地址:	
Amount due • 到期金额:	
Signature • 签名:	
Date • 日期:	

Cedars-Sinai would like to thank you for choosing us for your medical
We will forward a payment receipt and medical records to the mailing
address you provide.

感谢您选择西达-赛奈为您提供医疗服务。
我们会将支付收据和病历邮寄到您提供的上述地址。

Thank you,

谢谢!

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