

3445 Executive Center Drive #250 Austin, TX 78754

(512)579-4000 Fax: (512) 222-0146

# AU\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Form**

Patient Name (Decedent):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payer Information:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Decedent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Autopsy Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Fee for Autopsy Service: $\_\_\_\_\_\_\_\_\_\_

Facility/Transportation Fee: $ \_\_\_\_\_\_\_\_\_\_ $350 if Capital Mortuary Service selected as the facility).

Shipping Fee: $ \_\_\_\_\_\_\_\_\_\_\_\_

**Total Fee $** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Payment: Cash Check Credit Card

**Payment Information**

|  |  |  |
| --- | --- | --- |
| **Credit Card Information** | | |
| **MasterCard Visa** | | |
| **Credit Card Number:** | **Security Code** | **Amount** |
| **Name on Card** | | **Expiration Date** |