Puget Sound Blood Center
blood services | medicine | research

Facility Billing Information Form

Invoices should be mailed to:

Department: _____

Facility Name: _____

Facility Phone number: _____

Mailing Address: _____

_____

_____

_____

Name of Contact Person: _____

Phone Number: _____

Purchase Order #: _____

Patient Billing Information

Amount Enclosed: _____ Check #: _____

Card Number: _____

☐ Visa ☐ MasterCard ☐ Exp. Date: _____☐CV code_____

Signature: _____

Name: _____

Address: _____

_____

Daytime Phone: _____