



3100 Ave E
Hondo, Texas 78861
(830)426-7700
www.medinahospital.net

Patient First Name _____

Patient Last Name _____

Account Number _____ Date of Service _____

Patient Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail Address _____

Name as it appears on Credit Card _____

Credit Card Type (Mastercard, Visa, etc.) _____

Credit Card Number _____

Expiration Date Month- _____ Year- _____

Security Code (On back of card) _____

Payment Amount \$ _____

Credit Card Billing Address _____

City _____ State _____ Zip Code _____

Comments _____
