



110 E. Savannah Ave., Bldg. B, Ste. 103, McAllen, TX 78503-1241
(956) 687-2693 Fax (956)687-2829



If you are remitting payment by credit or check card, please fill in the following information and return to us.

Name of the patient(s): _____

Account Number: _____

Date of service(s) you want payment posted to: _____

Name of card holder: _____

Please circle one of the following:

Visa MasterCard Discover American Express

Credit Card Number: _____ V-CODE _____

Expiration Date: _____

Total amount charges: _____

Please return to: **THE VALLEY'S FERTILITY CENTER**
110 EAST SAVANNAH
BLDG B, SUITE 103
MCALLEN, TX 78503

HAVE YOU MOVED?

If you have please allow us to updated your records:

Name of Patient(s): _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

New home/cell number: _____ Work number: _____

** We will send your receipt & confirmation number by mail. **