



# AMERICAN BOARD OF FOOT AND ANKLE SURGERY

A credential you can trust.®

## Block Verification Payment Form

|                            |            |      |
|----------------------------|------------|------|
| Credentialing Institution: |            |      |
| Contact Name:              | Email:     |      |
| Address:                   |            |      |
| City:                      | State:     | Zip: |
| Telephone:                 | Extension: | Fax: |

**Pre-payments are offered in blocks of 15 verifications at \$35.00 each, for a total of \$525.00**

\*Please enter the number of blocks below. This form will calculate your total due.

| Number of Blocks | Block Rate | Total Amount Due |
|------------------|------------|------------------|
| *                | \$         | \$               |

|                               |                               |  |                               |
|-------------------------------|-------------------------------|--|-------------------------------|
| Credit Card Holder Name:      | Signature:                    | Date:  |                               |
| Credit Card Billing Address:  | Credit Card Type:             |  |                               |
| Address:                      | <input type="checkbox"/> Amex | <input type="checkbox"/> V/MC  | <input type="checkbox"/> Disc |
| City, ST, Zip:                | Credit Card Number:           |  |                               |
| Contact Number:               | Expiration Date:              | Security Code: (VISA/MC-3 digits back of card<br>AMEX-4 digits on front of card) |                               |
| <b>FAX TO: (415) 553-7801</b> |                               |  |                               |

Credit Card information for \$\_\_\_\_\_, is completed.

A Check for \$\_\_\_\_\_, is enclosed.

FOR ABFAS USE ONLY

Processed On:

Batch Number:

User: