



**AMERICAN BOARD OF  
FOOT AND ANKLE SURGERY**®

A credential you can trust.®

**FOR ABFAS USE ONLY**

Processed on: \_\_\_\_\_

Batch Number: \_\_\_\_\_

**Verifications Pre-Payment Form**

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

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

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

| Number of Units | Unit 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"/> VISA/MC   |
| City, St, Zip: _____         | <input type="checkbox"/> DISC |  |
| Contact Number: _____        | Credit Card Number:           |  |
|                              | Expiration Date:              | Security Code: (VISA/MC-3 digits back of card<br>AMEX-4 digits on front of card) |

**FORM SUBMISSION:**

**FAX CREDIT CARD PAYMENT TO: (415) 553-7801**

**MAIL CHECK PAYMENT TO ADDRESS BELOW.**