



Mercer Health

MERCER COUNTY JOINT TOWNSHIP COMMUNITY HOSPITAL

800 W. Main Street, Coldwater, OH 45828

Telephone: 419-678-2341 / Fax: 419-678-5639

PATIENT EASY PAYMENT CONSENT

Form # 9/2014

I authorize Mercer County Community Hospital to keep my signature on file and to charge my credit/bank account for payments on my outstanding account according to the following:

Type of Card: VISA / MASTERCARD / DISCOVER

Payment Account \$ _____

Every _____ From _____ to _____
(Week, Month) (MM/DD/YYYY) (MM/DD/YYYY)

on Account(s) #: _____

For Date of Service(s): _____

For Patient Name(s): _____

I understand that this form is valid until the account is paid in full or until written authorization to cancel is received by the hospital.

Cardholder Name: _____

Street Address: _____

City and State: _____ Zip Code: _____

Telephone Number: _____

Credit/Bank Card #: _____ Expiration Date: _____
(MM/YYYY)

Cardholder Signature: _____ Date: _____

Witness: _____ Date: _____