

# Steven L. Smith, MD, P.A.

Restoring the Physician Patient  
Relationship with Access Based Quality Care

6108 OakBend Trail  
Fort Worth, TX 76123  
817-989-9529 office  
682-730-2009 Fax

## Patient Information

|                 |         |       |          |
|-----------------|---------|-------|----------|
| Patient         | First   | M.I.  | Last     |
| Mailing Address | Address |       |          |
|                 | City    | State | Zip Code |
| Phone           | Home    | Cell  | Work     |
| Email           | Email   | DOB   | Age      |

## Payment Information

|                               |  |  |            |     |
|-------------------------------|--|--|------------|-----|
| Payment Plan                  | <b>Frequency (Check One)</b><br><input type="checkbox"/> Annual (Personal Check Only)<br><input type="checkbox"/> Quarterly - 4 payments<br><input type="checkbox"/> Monthly - 12 payments | <b>Payment Method</b><br><input type="checkbox"/> Check ( Annual Payment Only)<br><input type="checkbox"/> ACH/Autodraft (Include Voided Check)<br><input type="checkbox"/> Credit Card/Debit Card |            |     |
| Debit/<br>Credit<br>Card Info | <b>Credit / Debit Card Type - \$3.00 Service Fee</b><br><input type="checkbox"/> Visa<br><input type="checkbox"/> Mastercard   |  |            |     |
|                               | <b>Credit/Debit Card Number</b>  | <b>Exp. Date</b>   | <b>CCV</b> |     |
| Billing Address               | Street   | City   | State      | Zip |
| Printed Name                  |  | Signature  |            |     |

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