

MicroSort®

Division of the Genetics & IVF Institute

3015 Williams Drive, Suite 101
Fairfax, Virginia 22031

(703) 289-1840
(703) 698-7293 Fax

NOTIFICATION OF PAYMENT METHOD

IMPORTANT: Contact MicroSort to schedule MicroSort sperm separation before start of the patient's cycle.

Date: _____

Clinical Facility: _____ Phone# _____

Male Patient Name: _____

Check the appropriate method of payment indicated below:

We request you charge the credit card below for the total charges incurred.

VISA AMERICAN EXPRESS MASTERCARD

DISCOVER Other (specify) _____

Card Issued to _____
Print cardholder's name as it appears on the card

Card Number _____

Expiration Date _____ Security Code (back of card) _____

Cardholder's Signature _____
Date

We have included a **cashier's check** or **money order** payable in US funds with the shipment. (No personal checks accepted)

We have wired the funds to your account:

**To wire funds, please contact the MicroSort Billing Office for wiring instructions.
Call (703) 289-1840 or 1-800-277-6607.**

Wire Confirmation Number: _____

Signature _____
Date