



5424 Glenridge Drive NE  
 Atlanta, GA 30342  
 678.225.0222 FAX 678.225.0212  
 www.mnglab.com

# PATIENT PAYMENT OPTIONS FORM

Please use this form to make any applicable payments for your appointment, testing, or your account balance. **Please complete this form and email or fax to our billing dept. at 678-597-5653.**

PATIENT INFORMATION	
Date (MM/DD/YY): _____	
Patient Name: _____	Date of Birth (MM/DD/YY): _____
Appointment Date (MM/DD/YY): _____	Appointment time: _____
Email (required): _____	Phone: _____

Appointment with:     John Shoffner, MD                       Maureen Starnes, RN, CPNP

Type of payment:

<input type="checkbox"/>	New Appointment Deposit	\$250.00 (Required for all new appointments)
<input type="checkbox"/>	New Appointment Co-pay	\$ _____
<input type="checkbox"/>	New Appointment Private Pay	\$550.00
<input type="checkbox"/>	Follow Up Appointment Co-pay	\$ _____
<input type="checkbox"/>	Follow Up Appointment Private Pay	\$350.00
<input type="checkbox"/>	Sample Collection Only	\$ _____
<input type="checkbox"/>	Coenzyme Q10 Lab Testing	\$215.00
<input type="checkbox"/>	FAO (fatty acid oxidation) Lab Testing	\$750.00
<input type="checkbox"/>	Other Payment on Patient Account	\$ _____
<input type="checkbox"/>	Payment for Lab Tests (specify test codes)	\$ _____

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PAYMENT OPTIONS
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**Credit Card** (please circle one):      MasterCard                      Visa

Valid Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Exp. Date (MM/YY): \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

**Check/Money Order Payable to:**    **Medical Neurogenetics, LLC**  
**5424 Glenridge Drive, NE**  
**Atlanta, GA 30342**

**Wire Transfer:** Please contact our Billing Department by phone or email to arrange wire transfer of funds: 678-225-0222 x100; [billinginformation@mnglab.com](mailto:billinginformation@mnglab.com)