



Payment Form

Please complete the appropriate section(s) and fax to HearUSA at (877) 393-9046 or email to network@hearusa.com

Member & Provider Information

Member Name: _____ Program: _____

Member Telephone: _____

Provider Number: _____ Provider Name: _____

Credit Card Payment

Credit Card Type: American Express Discover MasterCard Visa

Name on card: _____

Card number: _____ Exp Date: ____/____ CVV _____ Billing address: _____

Billing city: _____ Billing State: _____ Billing zip code: _____

Amount to be charged: \$ _____

Check Payment

Member is paying by check made payable to HearUSA.

Check Number: _____ Amount: \$ _____

Mail check to: HearUSA 11400 North Jog Rd, Palm Beach Gardens, FL 33418, ATTN: Network Department

Financing Program

Member is interested in financing program.

Best time to contact member: _____

HearUSA Use Only

Order Received Date: ____/____/____ SMS Entry Date: ____/____/____ Payment Processed Date: ____/____/____