



Mitchell Clinic, Ltd.

"Professional Care by Caring Professionals"

P.H. Rasmussen, M.D.
D.M. Holum, M.D.
M.D. Gerlach M.D.

Gina Hawkins, PA-C
Holly Hedge, CNP
Sarah Goral, PA-C



Account Guarantor Name: _____

Account Number: _____

I authorize Mitchell Clinic, Ltd. to utilize my credit/debit card to make payments on my account until such a time as I revoke this authorization.

Signature

Date

Please choose type of card: VISA Mastercard Discover

Card# _____

Expiration date: _____

Vcode (3 digits on back): _____

Amount of Payment: _____

Payment Start Date: _____

Frequency of Payments: _____

818 West Havens
Mitchell, SD 57301
Phone: 605-996-7526
Fax: 605-996-1808