



American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

Credit Card Form

The American Board of Psychiatry and Neurology, Inc. accepts payment by American Express, Discover, MasterCard or Visa credit cards. Please fill in all requested information and return via mail to the address listed below or fax to 847.229.6600. If you received a billing statement or letter informing you of fees to be paid, you must include a copy of the letter with your payment, or attach the appropriate billing statement or order form.

The ABPN accepts no liability for misdirected or inaccurate information.

If you submit this information via facsimile transmission, please include a Disclaimer in your fax transmission such as the one provided below:

Disclaimer: This facsimile transmission contains information, which is confidential and/or privileged. This information is intended for use only by the addressee indicated above. If you are not the intended recipient, please be advised that any disclosure, copying, distribution, or use of the contents of this information is strictly prohibited, and that any misdirected or improperly received information must be returned to the sender immediately.

Please do not use this form for MOC Annual Fee payment. Payment of Annual Fees should be made through your ABPN Physician Folios account.

PLEASE PROVIDE ALL CREDIT CARD INFORMATION

American Express Discover MasterCard Visa Credit Card No. _____

Amount Authorized for payment: \$ _____ Expiration Date (mm/yy) _____ CCV _____

Name as shown on Credit Card: _____

Billing Address: _____

City, State, Zip: _____

Email Address: _____

Signature of Credit Card holder: _____

American Board of Psychiatry and Neurology, Inc.
7 Parkway North
Deerfield, IL 60015