

**Household Bills
Payment Request Form**

Family Name: _____
 Address: _____
 Phone: _____
 Date: _____



340 West B Street, Ste 101
 Casper, WY 82601
 Office: (307) 235-3421
 Fax: (307) 265-4668

PLEASE SUBMIT BILLS AND PAYMENT
 COUPONS WITH THIS REQUEST. WE
 PAY DIRECT TO THE VENDOR. THANKS!

DUE DATE: _____
 VENDOR: _____
 ACCOUNT #: _____
 TYPE OF BILL: _____
 AMOUNT: \$ _____

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 VENDOR: _____
 ACCOUNT #: _____
 TYPE OF BILL: _____
 AMOUNT: \$ _____

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 VENDOR: _____
 ACCOUNT #: _____
 TYPE OF BILL: _____
 AMOUNT: \$ _____

PLEASE TELL US ABOUT YOUR FAMILY.
 HELP US UNDERSTAND YOUR NEEDS.
 HOW IS YOUR CHILD'S HEALTH, LIST
 NEXT TREATMENT OR APPOINTMENT
 SCHEDULE, HOW MANY DAYS WERE
 MISSED FROM WORK?

REVISED 10/2008