

**PAYMENT OPTIONS FORM**

To pay by check or money order:

Please make check or money order payable to **Northwestern Medicine** and mail with remittance to:

**28155 Network Place  
Chicago, IL 60673-1281**

**\*\*Please include the patient's account number on your check or money order\*\***

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To pay by credit card, please complete the following information and email it to: marlenam@sunbeltmi.com Fax to 305-593-5533. If you need to contact me, please call me at 954-595-6114.

Credit card payment (circle one)      VISA      MC      DS      AMEX

Card number: ..... Expiration date: .....

Card security code: ..... (3 digits on back of card, OR 4 digits on front for AMEX) Amount remitted: .....

Name on card: ..... Patient's account # .....

Billing address: .....  
.....  
.....

Signature: ..... Telephone number: .....

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**WIRE TRANSFERS:**

Bank name: City National Bank  
Bank address: 25 W. Flagler Street  
Miami, FL 33130  
Bank contact name: Michael Gutman  
Bank contact telephone number: (954) 282-0140  
Bank contact facsimile number: (786) 313-5940  
Bank ABA routing number: 066004367 (US)  
For International use only — Swift code: CNBFUS3M  
Account name: MedFi Trust Account  
Account number: 1955080981  
Patient account number: .....

**International Transfers: Note that the amount due is in US dollars. Please allow for the currency exchange and remit the correct USD amount. Thank you.**