

James Madison University Health Center
724 S MASON ST, MSC 7901, HARRISONBURG VA 22807
540-568-6178 | jmu.edu/healthcenter

Health Information Receipt

Please mail or bring this completed form with payment to the University Health Center at the address above. Do not fax this form to the University Health Center.

Date: _____ Student ID#: _____

Date of Birth: _____ / _____ / _____ Gender _____
Month Day Year

Name: _____

Mailing Address: _____

Billing Address: (if different from mailing address)

Contact Telephone#: _____

Email: _____

Check one: () Visa () MasterCard () Check made payable to UHC
() Student JAC (Flex) card

Credit Card Number#: _____

Signature: _____

Expiration Date: _____

CV2 Code Number#: _____

(What is this??): All credit cards now have a security code (CV2 or CVC number) on them. This can be found on the reverse of most issued credit cards on the signature line. We use the last 3 digits on the right hand side of the string of numbers.



Description	Quantity	Price
Entire Medical Chart		\$10.00
TOTAL		\$10.00