






Please remit payment to:

**Rum River Counseling, Inc.**  
1875 Station Parkway NW  
Andover, MN 55304

| ACCOUNT INFO  |        |
|---------------|--------|
| PATIENT NAME  |        |
| DATE OF BIRTH | ACCT # |
|               |        |

| IF PAYING BY CREDIT CARD, FILL OUT BELOW   |  |  |  |
|--|--|--|--|
|  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |
| CARD NUMBER  |  |  |  |
| EXP DATE   | CVV/SIGNATURE CODE   |  |  |
| CARD HOLDER NAME   | PAYMENT AMOUNT   |  | \$   |
| SIGNATURE  | DATE   |  |  |
|  |  |  |  |

|   |
|---|
| To ensure proper credit,<br>please make checks payable to<br><b>Rum River Counseling, Inc.</b>  |
| To pay your balance online thru our <b>Secure Online Form</b> or to pay with  visit our website at<br><a href="http://www.rumrivercounseling.com">www.rumrivercounseling.com</a> . |

Prompt payment is appreciated.  
~Thank you!