

# PLEASE MAKE 2 CHECKS PAYABLE TO:

- UTSW- DR. JEFFREY JANIS
- ZALE LIPSHY UNIVERSITY HOSPITAL

Please refer to the "Estimated Fees" quote sheet to write checks payable for exact amount indicated for both providers. Example below:

Deposit Paid	"UT" Fees	Hospital Fees
Amount _____	Surgeon's Fee _____	Operating Room Fee _____
Date _____	Anesthesia Fee _____	Overnight Room Fee _____
Method of PMT _____	"UT" Fees _____	Implants (Pair) _____
_____	(Deposit) _____	Other: _____
Credit Card Number _____		
_____	<b>*Total "UT" Fees</b> _____	<b>*Total Hospital Fees</b> _____
Cardholder Name _____		
<b>TOTAL ESTIMATED FEE</b> _____		

We accept Cashiers/Personal Checks, Money Orders, Visa, MasterCard, AMEX and Discover. If there are any questions, please call Dr. Janis office at 214-645-3116.

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