



**American Board of
Podiatric Surgery**
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VERIFICATION PREPAYMENT PLAN ORDER FORM

A charge will apply to all status verifications. Payments can be made via check or credit card. Verifications are issued via mail or fax upon the receipt of all applicable fees.

Credentialing Institution _____

Contact _____ E-mail _____

Street _____

City _____ State _____ Zip _____

Telephone number _____ Extension _____ Fax number _____

PREPAYMENT PLAN ORDER AMOUNT

Pre-payment Amount (only offered in multiples of \$400): _____ x \$400 = _____

TOTAL AMOUNT (if paying by check, enclose check for this amount): _____

CREDIT CARD PAYMENT

Credit Card # (VISA/MC/AMEX only): _____ Exp. Date: _____

Name on the card _____ Security Code _____

Signature _____ Date _____

ABPS use only.

Processed on _____

Batch number _____

User _____