



195 East Peace Street
877-727-4780 ext 8
michael@msdiscountdrugs.com

Canton, MS 39046
877-667-3757 FAX

Patient Billing Information

Responsible Party

First Name: _____

Last Name: _____

Address: _____

City, St, Zip _____

Wk Phone: _____

Cell Phone: _____

Email: _____

Card Type: _____

Credit Card #: _____

Exp Date: _____

Sec Code: _____

Cardholder Signature

Date

Patient

First Name: _____

Last Name: _____

Address: _____

City, St, Zip _____

Wk Phone: _____

Cell Phone: _____

Email: _____

Notes: _____

I authorize Mississippi Discount Drugs to charge the noted charge card for charges related to prescriptions and medical supplies purchased at MDD.