



DEPARTMENT OF THE ARMY
 Headquarters, U.S. Army Medical Department Activity-Japan
 BG Crawford F. Sams U.S. Army Health Clinic
 UNIT 45011
 APO AREA PACIFIC 96343-5011

Do NOT use this form to pay delinquent debt that has been transferred to the U.S. Treasury. If your debt is being managed by the U.S. Treasury, please contact them at the address listed on the debt notification letter that you received in the mail.

** Required Field*

* SPONSOR FIRST NAME:

* SPONSOR LAST NAME:

* PATIENT NAME:

* MAILING ADDRESS:

MAILING ADDRESS 2:

* CITY/FPO/APO:

* STATE/PROVINCE:

* ZIP/POSTAL CODE:

* PHONE NUMBER: PHONE EXTENSION:

* EMAIL ADDRESS:

MY MAILING ADDRESS IS THE SAME AS MY BILLING ADDRESS

ACCOUNT(S):

	ACCOUNT #	\$ AMOUNT		ACCOUNT #	\$ AMOUNT
<i>Example:</i>	A12345	\$63.23			
ACCOUNT #1	<input type="text"/>	<input type="text"/>	ACCOUNT #6	<input type="text"/>	<input type="text"/>
ACCOUNT #2	<input type="text"/>	<input type="text"/>	ACCOUNT #7	<input type="text"/>	<input type="text"/>
ACCOUNT #3	<input type="text"/>	<input type="text"/>	ACCOUNT #8	<input type="text"/>	<input type="text"/>
ACCOUNT #4	<input type="text"/>	<input type="text"/>	ACCOUNT #9	<input type="text"/>	<input type="text"/>
ACCOUNT #5	<input type="text"/>	<input type="text"/>	ACCOUNT #10	<input type="text"/>	<input type="text"/>
TOTAL PAYMENT (SUM OF ACCOUNTS 1-10 ABOVE):					<input type="text"/>