



**DEPARTMENT OF THE ARMY
Evans Army Community Hospital**

**1650 Cochrane Circle, Building 7500
Fort Carson, CO 80913**

Use this form to make payments for "Copy Record Charges" Only

** Required Field*

* Payer's First Name:	<input type="text"/>		
* Payer's Last Name:	<input type="text"/>		
* Patient Name:	<input type="text"/>		
* Payer's Mailing Address:	<input type="text"/>		
* City/FPO/APO:	<input type="text"/>		
* Country:	<input type="text" value="United States"/>		
* State:	<input type="text"/>		
* Zip Code:	<input type="text"/>		
* Phone Number:	<input type="text"/>	Extension:	<input type="text"/>
* Total Payment:	<input type="text"/>		