

PAYMENT OF APPLICATION FILING FEE (MD/DO/DPM)

**NOTE: All payment information is confidential, Oregon Medical Board use only.
Please use form on next page for credit card information.**

OREGON MEDICAL BOARD
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Portland, OR 97201-5847
Phone (971) 673-2700
www.oregon.gov/omb

Credit Card Payment

Note: All payment information is confidential, Oregon Medical Board use only.

_____		\$ _____
Company Name		Amount

Printed Name as it Appears on Card		
_____	_____	
Signature	Phone Number with Area Code	

Cardholder's Mailing Address		

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Credit Card Number – VISA, MASTERCARD, OR DISCOVER		Expiration Date Security Code