



Superbill Order Form- Pg 2

Payment: Check payable to PADA or Pennsylvania Dietetic Association. Send to PADA office, address at top.
 Mastercard VISA

Card Number: _____ **Exp. Date:** _____ **V Code:** _____

Signature Required: _____ Fax or email credit card orders.

Thank you for supporting the Pennsylvania Dietetic Association!

For Personalized Forms

To personalize your forms with 4 lines, please provide the following information for the custom order:

ADA Number

Provider Number

Name

Address

City

State

Zip
