

# Patient Payment Log

## Georgia Renal & Hypertension Care

Date: \_\_\_\_\_

Patient Name	Payment Amount	Payment Type
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		

CASH: \$
CHECKS: \$
CREDIT CARDS: \$
<b>TOTAL: \$</b>