



# PAYMENT CARD AUTHORIZATION DATA DISK REQUEST FORM

The Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants produces a CD-ROM containing the Physician and Physician Assistant database on a monthly basis. The data is provided as an EXCEL file.

This data disk contains public information on Physicians and Physician Assistants including the following:

*Name, License Number, Office/Mailing Address, Office Telephone Number, License Status, In-State or Out-of-State Practice, License Issuance Date, Last Renewal Date, License Expiration Date, Education, Year of Graduation, Fields of Practice, and Board Actions. The data disk also indicates whether a Physician holds a dispensing Certificate.*

Format: (choose one)

Quantity:

x Price Per Unit: \$100.00 = Total Price:

CD-ROM

E-mail/Address: \_\_\_\_\_

Upon receipt of payment, the data disk will be e-mailed to the address listed above or mailed to the mailing address listed below. For your convenience, in addition to direct payments by check or money order, the Board accepts Visa, MasterCard and American Express.

**The Arizona Medical Board will only accept credit card payment via mail (US, FedEx, UPS, or any other mail carrier). Any credit card information received via any other method will not be processed and will be destroyed.**

\*Data disks may also be purchased and picked up at the Board's office from 8am to 5pm. (Please call ahead for expedited service.)



# PAYMENT CARD AUTHORIZATION DATA DISK REQUEST

Please utilize this form if paying with Credit Card.

If paying by check, return the invoice with check or money order to the address listed below.

PLEASE NOTE: The Arizona Medical Board will only accept credit card payment via mail  
(USPS, FedEx, UPS, DHL, or any other mail carrier)

**Any credit card information received via any other method will not be processed and will be destroyed.**

Mail to:

Arizona Medical Board  
1740 W Adams St, Suite 4000  
Phoenix, AZ 85007

Fee Total \$100 per Unit:

First Name:

Last Name:

Name as Shown on Payment Card:

Cardholder Signature:

Date:

*(Required)*

Billing Address of Cardholder:

*(Required)*

City:

State:

Zip Code:

Contact Phone:

Mailing Address of Cardholder:

*(If Different from Billing Address)*

City:

State:

Zip Code:

For receipt, please include an email address for submissions:

*(Official Use Only)*

Payment Card Verification (Last 4 Digits)

*(Official Use Only Cut Here)*

Type of Card:

Visa

Mastercard

Amex

Card Number:

Expiration Date:

*(No Dashes Between Numbers)*