Molecular Diagnostic Laboratory
1600 Rockland Road, Wilmington, DE 19803
302.651.6775 email: MDL@nemours.org

Credit Card Authorization	
Patient Name:	**Credit Card:** ☐ **MasterCard** ☐ **Visa** ☐ **American Express** ☐ **Discover**
Name as it appears on Credit Card:	**Credit Card Number:**
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Card holder signature:	**Authorized payment amount:**

For Direct Patient Billing
Prepayment for the testing services is required prior to beginning our testing. Please complete this form and include this paperwork with the shipment of the patient sample

Billing questions can be addressed to: Denise Axsmith
Financial Performance Manger
Nemours/A.I. duPont Hospital for Children
daxsmith@nemours.org
Phone: 302.651.6802