



AMERICAN BOARD OF  
FOOT AND ANKLE SURGERY®

A credential you can trust.®

## Verifications Pre-Payment Form

Credentialing Institution:		Account Number:
Contact Name:		Email:
Address:		
City:	State:	Zip:
Telephone:	Extension:	Fax:

You may add a pre-paid balance of \$500–\$10,000 to be applied to your account.

Total Amount to Add
\$

Please note: Effective January 1, 2025, each verification request per practitioner costs \$45.

Credit Card Holder Name:	Signature:	Date:	
Credit Card Billing Address:	Credit Card Type:		
Address:	<input type="checkbox"/> AMEX	<input type="checkbox"/> VISA/MC	<input type="checkbox"/> DISC
City, St, Zip:	Credit Card Number:		
Contact Number:	Expiration Date:	Security Code: (VISA/MC-3 digits back of card AMEX-4 digits on front of card)	

**FAX completed form with credit card payment to: (415) 553-7801**

**MAIL completed form with check payment to:  
ABFAS, PO Box 889405, Los Angeles, CA 90088-9405  
Questions? Please contact ABFAS at: (415) 553-7800**