

To make a credit or debit card payment toward your account, visit: <https://commerce.cashnet.com/WUPSC>

You will be prompted to enter the amount you wish to pay, as well as two piece of information that can be found on your billing statement.

browse catalog basket

HOME

Payment Amount:

*Patient Number:

*Statement Number:

To pay for this item, click the button below.

Add to Basket

Psychological Service Center
 7 North Jackson
 Campus Box 1172
 St. Louis, MO 63105-2153
Address Service Requested

Office Phone (314) 935-6555 IRS#:

Statement Date	Statement#	Balance Due	Amount Paid
04/09/2020	[REDACTED]	\$120.00	

RESPONSIBLE PARTY
[REDACTED]

MAKE CHECK PAYABLE AND REMIT TO
Psychological Service Center
 7 North Jackson
 Campus Box 1172
 St. Louis, MO 63105-2153

RETURN THIS TOP PORTION WITH YOUR PAYMENT

DATE	CPT	DESCRIPTION OF SERVICE	UNITS	AMOUNT
PATIENT NAME : [REDACTED]				
PROVIDER NAME : [REDACTED]				
03/17/2020	90834	Therapy Session	1	\$40.00
03/24/2020	90834	Therapy Session	1	\$40.00
03/31/2020	90834	Therapy Session	1	\$40.00
PREVIOUS BALANCE :				\$0.00
TOTAL FOR PATIENT #:				\$120.00

Statement #: [REDACTED] **Statement Date :** 04/09/2020 **BALANCE DUE:** \$120.00

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