



MEDICAL STAFF SERVICES  
300 Pasteur Dr, MC 5288  
Stanford, CA 94305  
Ph. 650.725.3039  
Fx. 650.725.0297

## INVOICE

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Date: \_\_\_\_\_  
Application Fee: **\$150.00 (for each facility)** for the following allied health professional  
Name: \_\_\_\_\_  
Purpose: Fee for processing applications for AHP Membership at  

- **Stanford Hospital and Clinics**
- **Lucile Packard Children's Hospital**

Check payable to: Stanford Hospital and Clinics Medical Staff Office  
Please remit to: Stanford Hospital and Clinics  
Medical Staff Office  
**ATTN: Kristen Anderson**  
300 Pasteur Dr, MC 5288  
Stanford, CA 94305

**TO ENSURE PROPER CREDIT:**  
INCLUDE APPLICANT'S NAME ON FACE OF CHECK  
MAIL DIRECTLY TO THE MEDICAL STAFF OFFICE

**FOR ALL JOURNAL TRANSFERS PLEASE DEPOSIT APPLICATION FEES TO:**  
MEDICAL STAFF FEES ACCOUNT

Credit Account: **87104-490500**  
Project Number: **20037001**  
Account Category: **Fees**

**THE MEDICAL STAFF OFFICE REQUIRES CONFIRMATION FOR ALL NEW APPLICANT FEES.**  
**CONFIRMATION OF PAYMENT WILL ENSURE THE PROCESS OF A NEW APPOINTMENT**  
**APPLICATION.**

If you may have any questions, please call me at **(650) 498-4031**

Thank You,

*Kristen Anderson*  
Medical Staff Coordinator  
Stanford Hospital and Clinics