Click here to make a payment.

Account Number*
Enter ONE of the following:

- TRAUMA1 *(for STOP THE BLEED)*
- TRAUMA2 *(for P.A.R.T.Y.)*

Invoice Date* mm/dd/yyyy
Enter current date

Payment Amount:
Enter the total amount for the program (Note: $2 handling fee will be added at checkout)

Patient/Contact Information:
Enter the name and contact information of the person who is performing the transaction.

Note: Once you complete the transaction, please make sure to download the invoice.