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\_\_\_\_\_\_\_\_\_\_\_[Legal Company Name]\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_[Company Name Address]\_\_\_\_\_\_\_\_\_\_\_ ("Medical Group").

Medical Group may use the services of Mend VIP, Inc. (“Mend”) to issue invoices and obtain payments. Mend is not a payments processor. Mend uses Authorize.Net® to process payments. (Authorize.net® is the trademark of Authorize.Net Corporation.) You consent to receive invoices through the services of Mend (the “Mend Services”) and, if you elect to make payment of any invoices through the Mend Services, to the processing of payments using Authorize.Net® or such other payments platform as may be used by Mend to process payments (the “Payments Platform”), subject to any additional terms and conditions specified by the Payments Platform. When you use Mend Services to make payments, your payment information is submitted directly to the Payments Platform. Neither Medical Group nor Mend will collect or have access to your credit card information submitted using the Payments Platform. Any information provided in connection with payments processed by Authorize.net in connection with the Mend Services will be subject to the [privacy policy](http://www.authorize.net/company/privacy/) applicable to Authorize.Net®.

The Patient or the party responsible for the payment of charges incurred in connection with the provision of products or services to the Patient (in either case, the “Responsible Party”) hereby authorizes the storage of the credit / debit card ("Payment Method") provided by Responsible Party using the Payments Platform for purposes of processing charges authorized by Responsible Party. If the Responsible Party wants to designate a different Payment Method or if there is a change in the Responsible Party's Payment Method information, the Responsible Party must change the information using the Mend Services. This may temporarily delay the ability to process payments while the new Payment Method information is verified.

The Responsible Party represents and warrants that (i) any credit / debit card information the Responsible Party supplies is true, correct and complete, (ii) charges incurred by the Responsible Party will be honored by the Responsible Party's credit / debit card company, and (iii) the Responsible Party is the person in whose name the credit / debit card was issued and the Responsible Party is authorized to make a purchase or other transaction with the relevant credit / debit card information.

If Medical Group is unable to obtain full payment of amounts due from Responsible Party using the Responsible Party's Payment Method for any reason, Medical Group may undertake further collection action, and Responsible Party agrees to pay for all reasonable costs incurred by Medical Group to collect any past due amounts, including, without limitation, reasonable attorneys’ fees and other legal fees and costs.

**By checking the Box containing "Accept" I hereby state that I have read, understood, and agree to the terms of this document.**