SAMPLE FORMS ONLY GIVEN AS EXAMPLE. THESE FORMS DO NOT CONSTITUTE LEGAL ADVICE. MEND VIP MAKES NO GUARANTEES OR REPRESENTATIONS THAT THE CONTENT OF THESE FORMS SATISFY LAWS OF YOUR HOME STATE. MEND VIP CUSTOMERS ARE ADVISED TO CONTACT THEIR LAWYER FOR LEGAL ADVICE.

\_\_\_\_\_\_\_\_\_\_\_[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 and the automatic processing of charges using the Payment Method for co-pays, deductibles, co-insurance, or any other amounts payable in connection with the provision of products or services to the Patient. If a credit card account is being used to make a payment, Medical Group may obtain pre-approval for an amount up to the amount of the payment. 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.

The Responsible Party agrees and authorizes the Payment Method to be billed automatically for products and services provided by Medical Group in accordance with the self-pay pricing published on the Medical Group website or otherwise provided in writing to Responsible Party, which is subject to change at any time. The Responsible Party also agrees and authorizes automatic payment for any amounts payable for products or services for which payment is not obtained from the insurance carrier(s), if any, specified by Responsible Party. Common services not covered by insurance include, but are not limited to, various convenience fees such as travel fees, medication dispensing, specimen collection, telemedicine, certain physicals, and any other related products or services not covered by the applicable insurance carrier(s).

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.

The Responsible Party has the right to revoke the authorization to charge the Payment Method by notifying Medical Group at least fifteen (15) days prior to the scheduled payment date. The Responsible Party understands and acknowledges that services may be cancelled or withheld if the Responsible Party revokes the authorization, and that Responsible Party is still responsible for all charges incurred by the Responsible Party or otherwise owed to Medical Group. This authorization will remain in full force and effect until revoked by the Responsible Party or Medical Group.

The Responsible Party acknowledges and agrees he or she will not dispute the payment with the credit / debit card company, provided the transactions correspond to the terms indicated in this authorization form.

**By checking the Box containing "Accept" I hereby state that I have read, understood, and agree to the terms of this document and I authorize Medical Group to charge / debit / withdraw funds from my account as set forth above.**