## LOMA LINDA UNIVERSITY HEALTH CARE CREDIT CARD AUTHORIZATION

Please complete this form and fax it to the LLU Center for Fertility at (909) 558-2450.

ATTENTION: CARD HOLDER'S INFORM	ATION:			
Please circle one of the following:			AMERICAN EXPRESS	DEBIT CARD
CARDHOLDER'S NAME:(				
(	Last)		(First)	
CARD HOLDER'S BILLIN	G ADD	RESS:		
		•	•	
		(City)	(State)	,
Home Phone	_ Cell l	Phone	Other	(—P = = = = = = = = = = = = = = = = = = =
DRIVER'S LICENSE/I/D:	#		EXPIRES:	
CREDIT CARD NUMBER:			EXPIRES:	
SECURITY CODE:				
AMOUNT TO BE CHARGE	D: \$			
I authorize Loma Linda Univ services provided in their CE	•	Center for Fertilit	y and IVF to charge m	y credit card for
CARD HOLDER'S SIGNATURE:			Date:	_
PATIENT'S NAME:			_,	
(Last)			(First)	
Patient's Date of Birth:			MR#:	
☐ Date of Service for which c	redit ca	rd is being charg	ged:	
Ovulation Induction: 🗆 🤇	Good for	r 30 days	_ □ Good for 60 days	s
<b>□</b> Donor/GS Administration	Fee :			
Donor/GS Screening Fee:_		7.0		
Annual Embryo Storage:		⊔ Qua	rterly Sperm Storage:	
Other: FOR OFFICE USE ONLY:				
CHADGE DEGLIEST DEGELVED I	pv.		DATE.	
CHARGE REQUEST RECEIVED I CREDIT CARD PROCESSED BY:	D1;		DATE PROCESSEI	):
DATE MAILED PATIENT'S RECI	EIPT :			