

CREDIT CARD AUTHORIZATION FORM

As per the Health Information Privacy and Portability Act (HIPAA), the following information is strictly confidential.

The cost for a remote second opinion varies depending on whether or not the patient wishes to have a pathology review. If no pathology review is desired, the cost for a primary review of the patient's case and a written report is \$785 USD. Additional further reviews undertaken on cases we have already been involved with can be requested, if required, at \$250 USD for each encounter. If a pathology review is desired, additional molecular analyses may be necessary and the associated costs of such an analysis will vary from \$2750 USD - \$3250 USD. This Credit Card Authorization Form is intended to cover all of the patient's potential costs regardless of the desire for a pathology review. Signing this form DOES NOT mean the patient desires a pathology review. It only gives us authority to bill the credit card according to what the patient asks for.

I authorize University of Colorado Hospital and affiliated providers to charge this credit card for the cost of services as explained above. I understand that this charge will be applied to the credit card provided upon receipt of this completed form.

American Express Mastercard Visa

Credit card number: _____

Expiration Date: ____ / ____

Card Holder Name: _____

Card Holder Signature: _____

Patient Name: _____

University of Colorado Hospital
Remote Second Opinion Program
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