



CREDIT CARD PAYMENT AUTHORIZATION

Form can be returned in person, via the portal, or by email to edmontonbilling@pacificfertility.ca

Patient Surname

Patient First Name

Card Number

CVC-3 digit code

Expiry (MM/YY)

Type

MC Visa

I authorize the Pacific Centre for Reproductive Medicine (PCRM) to charge my credit card for the following items:

- Medications
- Remaining Cycle Fees due based on discussion with Nurses and Billing Concierge
- ICSI Treatment, if applicable
- Annual Cryopreservation dues, if applicable. **Please note that your card will be charged annually in the month of your renewal. For information about your specimens stored, please contact 780-990-4442 and ask for the Lab Admin.**

Automatic funds transfer is also available. Please contact Maria Bunagan at MBunagan@pacificfertility.ca.

If PCRM is unable to process payment I will be responsible for an alternate payment arrangement.

By signing this authorization I acknowledge that I have read and agree to all of the above information and warrant all information is true.

Cardholder Name

Signature of Card Holder (required)

Date: _____