



One-Time Credit Card Payment Authorization Form

Please sign and complete this form to authorize **Medversant Technologies, LLC** to make a one-time debit to your credit card, as listed below. By signing this form you give Medversant permission to debit your account for the amount indicated on or after the indicated date. Please fax the completed form to **(877) 303-4078**.

Please complete the information below:

I _____ authorize **Medversant Technologies, LLC** to charge my credit card
(Full Name)
account, as indicated below, for _____ on or after _____. This payment is
(Amount) (Date)
for _____ on behalf the Provider*:
(Description of goods/services) (Name of Provider)

*** If assistance needed on more than one provider, provider list should be attached in supplement form.**

Billing Address _____ Phone# _____
City, State, Zip _____
Fax # _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digit number on front of AMEX) _____

Services Offered:

- 1. Application Review with Supporting Documents Intake** (Review of Application Completeness and Accuracy, Document Scan, Index and Upload)

\$45 PER APPLICATION, PER PROVIDER

Quantity: _____ Total: \$_____

SIGNATURE _____

DATE _____

I authorize Medversant Technologies, LLC to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one-time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.



Supplement Form - Additional Providers

Please add your multi-provider listing on this page. Include their complete name and their login ID. Select the type of service requested. Fax the completed form to **(877) 303-4078**.

| FULL NAME | LOGIN NAME |
|-----------|------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |
| 11. _____ | _____ |
| 12. _____ | _____ |
| 13. _____ | _____ |
| 14. _____ | _____ |
| 15. _____ | _____ |
| 16. _____ | _____ |
| 17. _____ | _____ |
| 18. _____ | _____ |