

PLEASE DO NOT WRITE FULL CREDIT CARD NUMBER ANYWHERE ON THIS FORM



UMHS Specialty Pharmacy Services

Credit Card Authorization Form

CREDIT CARD BILLING ADDRESS			
Customer Name:			
UM Medical Record #:		Date of Birth:	
Street Address:			
City:			
State:	Zip/Postal Code:	Country:	
Phone Number:		Alt. Phone Number:	
CREDIT CARD INFORMATION			
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
Credit Card Last 4 Digits:	Security/CVV2 Code:	Expiration Date:	
I want to receive credit card transaction receipts: (please check at least one)		Email Address:	
<input type="checkbox"/> Email (UM Specialty Pharmacy preferred) <input type="checkbox"/> Paper <input type="checkbox"/> Phone text message		Phone text #:	
TERMS & CONDITIONS			
<p>I authorize University of Michigan Specialty Pharmacy Services to continue charging my credit card for the above stated account. I understand they will bill my insurance carrier directly, however my account will be billed for insurance co-payments, requested over the counter products and prescriptions not covered by my insurance.</p> <p>I understand University of Michigan Specialty Pharmacy Services will process my credit card transactions through a secure third-party gateway; namely SkipJack Financial Services. Skipjack offers the highest levels of security in the industry. Transactions are secured using SSL encryption between the University of Michigan Specialty Pharmacy and the Skipjack gateway. Once stored on the Skipjack system, each transaction is individually encrypted (secured) using patent-pending security technology. (See www.skipjack.com)</p> <p>I understand that I will never be contacted directly by SkipJack Financial Services. My personal information will be used only to transact prescription purchases and payments with University of Michigan Pharmacy Services.</p> <p>By signing this authorization form, I certify that I have read and agree with the above terms and conditions.</p>			
Cardholder Signature:		Date:	

In order to help ensure the security of your credit card, please sign and return this form. Once we receive the form we will call you to get the rest of the credit card number. These requirements must both be met before UM Specialty Pharmacy Services can process any credit card transaction.

If you have questions, please telephone your:

Transplant Pharmacy Financial Coordinator at 866-946-7695, Option #3

-OR-

Non-Transplant Financial Coordinator at 855-276-3002, Option #3

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1500 E. Medical Center Dr., 300 North Ingalls, Ann Arbor, MI 48109-5487