



CREDIT CARD AUTHORISATION

Rainbow Fertility does not require pre-payment for your treatment cycle. Rainbow Fertility will charge your nominated credit card on the day of your egg collection. Additional laboratory services, including CGH testing, performed as part of your IVF cycle will also be deducted from your nominated credit card at the time they are performed.

You must ensure you have the correct credit limit and daily limit available for this transaction to be processed. Should the transaction be declined, this may result in the cancellation of the cycle.

Rainbow Fertility will retain a copy of this Credit Card Authorisation Form on your secure patient file for future billing. We will contact you prior to deducting any fees and will send a receipt to you once processed.

Please note that it is your responsibility to notify Rainbow Fertility, in writing, of any changes to the credit/debit card details supplied below.

Patient Name: _____

Patient D.O.B.: _____

I _____ have read and understood the above terms and conditions.
(CARD HOLDER FULL NAME)

I hereby declare that I will be responsible for the payment of any other fees as per the quote and financial consent provided to me and further declare that I will be responsible for the payment of any other fees which may be recommended later in treatment and to which I have given my consent. I authorise Rainbow Fertility to charge my credit card on the day of egg collection for services provided by Rainbow Fertility during this cycle.

I hereby authorise for Rainbow Fertility to retain a copy of this Credit Card Authorisation form on my secure patient file for future billing.

Card Holder Signature		Date:	
Witness Signature :		Date:	
Witness Name :			

The witness must be present when the card holder is signing this consent they must be over the age of 18 and cannot be the patient or partner.

CREDIT CARD TYPE MasterCard Visa Card

Card Number:

Expiry: Card Verification No:

Name On Card: _____

CREDIT CARD TYPE MasterCard Visa Card

Card Number:

Expiry: Card Verification No:

Name On Card: _____