

**UNCSA HEALTH SERVICES CREDIT CARD
AUTHORIZATION CONSENT FORM**

AUTHORIZATION IS FOR THE 2011-2012 SCHOOL YEAR ONLY

Student Name: _____
(print to read)

Name as appears on Credit Card: _____

MasterCard # _____

Visa # _____

American Express # _____

Expiration Date: _____

_____ Has my permission to pay for services
(Student Name)

& or products received at UNCSA Wellness Center using my above
MasterCard, American Express or Visa account.

Please list any restrictions: _____

Signature of Credit Card Holder

Date Signed

This credit card authorization is for use in Student Health Services
only.

Many parents find it convenient for their children to charge medical expenses to their parent's credit card. This way students and parents have a good record of expenses and students are not using pizza and laundry money for emergency medical expenses and medication refills. For your convenience and the convenience of your student, we have copied on the reverse side of this sheet, a credit card consent form. This consent is only for use within health services for the academic year. The form is secured with the health records. If your child has any type of recurrent prescriptions or medical expenses, we recommend that you take advantage of this convenient service.

We are able to fill and refill most prescriptions through our in-house pharmacy and our relationship with Hawthorne Pharmacy. Students are responsible for insurance co-payments. Bills are given to the student, we are unable to mail medical bills home. We accept cash, checks, VISA or MasterCard, check cards and the One Card debit card as payment on all bills.

This form is entirely voluntary, we ask that for security you mail it back directly to:

**Health Services
1533 South Main Street
P.O. Box 12189
Winston-Salem, NC 27117**