



Phone Visit Authorization Form

I am signing up to have periodic phone visits with my physician. I understand that these services will not be billed to my insurance carrier and I am financially responsible for payment of the visit on the day the appointment is scheduled or occurs. I further understand that this visit does not replace the need for face to face visits and will only be used for services that my physician feels is appropriate. This may include such things as lab results, biopsy results and medication reviews.

- I will schedule an appointment for a phone visit
• I will provide a credit card number at the time the appointment is scheduled that will be run as a "hold and charged upon completion of the visit. If I cancel the phone visit within 4 hours of the scheduled time I will be charged \$30. If I am not at the number provided at the scheduled call I will be charged \$30.
• I will follow all the medical advice given by my physician
• I agree to keep all requested face to face visits
• I understand that if I fail to follow medical advice and/or fail to keep face to face appointments I will be dismissed from the phone visit process and may be dismissed from the clinic.

I AGREE TO THE ABOVE STATED CONDITIONS.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient name printed

I request that Urology Northwest, PS maintain my credit card number on file for phone visit billing. I will receive a receipt and a copy of the credit card slip by mail following each charged visit.

Payment Information

\_\_\_VISA \_\_\_Mastercard \_\_\_ Discover Card #\_\_\_\_\_

Expiration date:\_\_\_\_\_ Cardholder name:\_\_\_\_\_

Cardholder address:\_\_\_\_\_

3 digit verification:\_\_\_\_\_