INVITAE

Credit Card Authorization Form

FM105-11

Please submit this form with the test requisition if patient chooses the patient-pay option. All information will remain confidential and will be used solely for the purpose of processing payment.

Organization name	Organization phone
Patient name	Patient DOB (MM/DD/YYYY)

If you have any questions regarding payment options, please contact the Invitae billing team at billing@invitae.com.

Credit card type: ☐ Visa ☐ MasterCard ☐ AmEx ☐ JCB ☐ Discover

Credit card number: _____

Expiration date: ___/___ Card identification number (three-digit code on back of card): _____

Cardholder name: _____ Phone number: _____

Billing address (required): _____

City: _____ State: _____ ZIP/Postal code (required): _____

Country: _____ Email address (required): _____

☐ $250 USD: Diagnostic testing/Carrier testing/Proactive cancer or cardio screening

☐ $100 USD: Carrier partner testing

☐ $475 USD: Proactive genetic health screening (cancer and cardio)

☐ $200 USD: Family variant testing for **one gene** or ☐ $250 USD for **two or more genes**

☐ $1,250 USD: Exome, **proband only** or ☐ $2,500 USD for **duo/trio**

☐ Other test type: _____ Price: _____

If you have questions about pricing, please call Client Services at 800-436-3037.

I authorize Invitae to charge the credit card indicated on this form, for the noted amount. This payment is for laboratory testing. 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, as long as the transaction corresponds to the terms indicated on this form.

Signature	Date

Paying by credit card may trigger an additional credit card fee for foreign transactions in your country. Pricing excludes distribution fees and VAT.

For security purposes, this form will be shredded after your transaction has been processed.

For Invitae use only:

RQ# _____

CC Authorization _____

HEADQUARTERS | 1400 16th Street, San Francisco, CA 94103 | ONLINE | www.invitae.com | CONTACT | www.invitae.com/contact | p: 800-436-3037 | f: 415-276-4164