



LEADING HOSPITALS.  
TRUSTED CARE.

Credentials Support Center  
4900 South Monaco Pkwy  
Suite 240  
Denver, CO 80237  
Phone 303-584-2140  
Fax 866-789-8020

## Credit Card Authorization Form

This section to be completed by cardholder.

Applicant Name: \_\_\_\_\_  
(Please print)

Cardholder Name: \_\_\_\_\_  
(Please print)

Amount Authorized to Charge: \$ \_\_\_\_\_  
-Initial application fee is \$300.  
-Update (defined as already on staff at another HealthONE facility and adding another facility) and/or Reappointment Application fee is \$100 (\$150 effective 1/1/2012).  
-Fees are waived for HealthONE employed physicians and advanced practice professionals.

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Card Type:    Visa     Master Card     Discover     AMEX

Card Number: \_\_\_\_\_  
Please note on your credit card statement the billing will show up as Swedish Medical Center.

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Note: On credit cards other than American Express, this is a 3-digit number printed on the back of your card after and to the right of your card number. On American Express cards the security code is a 4-digit number printed on the front of your card after and to the right of your card number.

Card Holder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Fax Attn:        HCA HealthONE Credentialing at 1-866-789-8020

or

Mail to:        HCA HealthONE Credentialing  
Attn: Christina Brown  
4900 S Monaco, #240  
Denver, CO 80237