UnitedHealthcare

PAYMENT AUTHORIZATION

Please read the following agreement completely, and then enter your full name in order to sign your authorization.

I am enrolled in health coverage which is insured/administered by UnitedHealthcare ("UHC" as defined below). As the patient and/or the subscriber for this health coverage, I authorize UHC to add or configure a payment button to myuhc.com portal so that I can choose to use a particular individual health savings account (HSA) to pay some or all provider balances with a debit or electronic payment credit card. This payment option is called "Rally Pay" and could include an HSA debit card or a virtual payment credit card that can access funds in an HSA that is provided custodial or payment services by Optum (as defined below), an affiliate to UHC. If I choose to sign this voluntary form, further instructions on how to use Rally Pay will be made available on myuhc.com portal.

I understand and agree that:

- Optum will receive a percentage of any payment made through Rally Pay as a standard transaction charge. This amount will not exceed [3%] of the payment amount;
- Providers may or may not choose to treat Rally Pay as they would any other payment card transaction. This means that providers may or may not agree to any transaction charges, subject to the provider's obligations in its contracts with the applicable payor or plan. If a provider does not agree to treat Rally Pay as full payment, you may owe the difference depending on the provider's contract with the applicable payor or plan.
- Additional terms and conditions of the Rally Pay transaction may be disclosed to me on the myuhc.com portal.

I understand and agree that:

- this authorization is voluntary;
- my health information may contain information created by other persons or entities including health care providers and may contain medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and health care program information;
- I may not be denied treatment, payment for health care services, or enrollment or eligibility for health care benefits if I do not sign this form;
- My health information may be subject to re-disclosure by the recipient, and if the recipient is not a health plan or health care provider, the information may no longer be protected by the federal privacy regulations;
- UnitedHealthcare may receive direct or indirect remuneration in exchange for communicating with you about this discount program;

- This authorization will expire one year from the date I sign the authorization. I may revoke this authorization at any time by accessing the following link https://member.uhc.com/claims-and-accounts/claims/modal/claims-faq and selecting the "Revoke My Authorization" button; however, the revocation will not have an effect on any actions taken prior to the date my revocation is received and processed.

Who May Use and Disclose my Information:

UnitedHealthcare and its affiliates.

Who May Receive my Information:

Optum Bank, Optum Financial, Inc., and any other Optum subsidiary and affiliate companies.

Type of Information to be Disclosed:

I authorize the use of the following information: All my health information including information relating to medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and health care program information.

Purpose of Disclosure: To permit UHC to share my health information so that I can use Rally Pay as described above.

Please enter your full name in order to electronically sign your HIPAA Authorization.

1. Type Full Name (Signature): **[OPEN END TEXT BOX]**
2. Date: **[PRE-POPULATE DATE]**

By selecting "Next" (or "Submit") I agree to the following:

I have validated that my full name as it appears above is accurate.
I indicate my agreement to use electronic records and signatures to sign this form electronically.
I acknowledge that I have read, understand and intend to indicate my agreement to all of the terms above.

I understand that I have a right to receive a copy of this Authorization. To Print a copy of this Authorization, go to <Insert Live Link directly to this document>.

PLEASE MAINTAIN A COPY OF THIS FORM FOR YOUR RECORDS: