

ATTENTION:

PLEASE READ CAREFULLY OUR POLICY REGARDING YOUR DENTAL TREATMENT PAYMENT.

IT IS NOW MANDATORY THAT WE HAVE A CREDIT CARD ON FILE. DUE TO THE FACT THAT AT TIMES INSURANCE COMPANIES DO NOT PAY 100% OF ALL SERVICES, NOR IN A TIMELY MANNER. A CARD WILL ENSURE THAT WE RECEIVE PAYMENT FOR THE SERVICES WE PROVIDED TO YOU WITHIN 30 DAYS. IF YOU DO NOT HAVE A CREDIT CARD OR SIMPLY WISH NOT TO DISCLOSE THIS INFORMATION THEN ALL SERVICES MUST BE PAID IN FULL BEFORE WE CAN PROCEED WITH ANY TREATMENT. WE WILL STILL FILE THE INSURANCE INFORMATION FOR YOU AND YOUR COMPANY WILL SEND YOU A REIMBURSEMENT.

CANCELLATION POLICY: Should you fail to show up for an appointment, or fail to give us 48 hours of notice before cancelation of an appointment, your credit card will be charged \$50.

Credit card authorization

I understand that's the fees I incur at Dr. Dreyer's office are ultimately my responsibility regardless of whether or not the insurance covers my treatment. I authorize the staff of Dr. Dreyer's office to charge my credit card any remaining balance that is outstanding after my insurance pays, or after 30 days from the date of service whichever shall come first. I extend the same authorization for the account of my spouse and/or dependents. In addition, I authorize my credit card to be charged in accordance with the above stated cancellation policy. Should I, my spouse, or one of my dependent children fail to show up for an appointment, or fail to give 2 day's notice of intent to cancel appointment.

Card Holders Name : _____

Patients Name: _____

Credit Card Type: _____

Credit Card Number _____ **Exp:** _____

Signature _____