



Credit Card Authorization Form

Mobile Dental Hygiene

This form is used only for the purpose of issuing payment to Smart Dental Hygiene for mobile dental hygiene services only. The credit card will be charged after services are rendered on or after the appointment date. The cardholder will be notified via telephone when charges to the card are being made.

Non-Insured: payment is due after services are rendered.

Insured: if direct billing is available, only the deductible or the amount not covered by your insurance company will be charged. Insurance companies not accepting dental hygiene claims, services not covered, or insurance where the maximum has been reached will be charged in full.

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Address (cont.): _____

City: _____ Prov: _____ Postal Code: _____

Country: _____ Email _____

Direct Telephone: (_____) _____ - _____

Check all that apply:

I AM NOT the patient, I am PAYING on behalf of the patient. Relationship to patient:

I AM the patient, PAYING on behalf of MYSELF.

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa

Number: _____

Expiration Month: _____ Expiration Year: _____ Security Code: _____

Cardholder Signature X _____ Date ___/___/___

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. 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; so long as the transaction corresponds to the terms indicated in this form. I understand this form will be securely stored and protected according to Smart Dental Hygiene's privacy policy.

To protect your confidential information, securely return this completed form to:

**Smart Dental Hygiene at the Absolute Health & Wellness Centre.
587 John St N Aylmer ON N5H 2B6. PHONE: 519-773-2863 FAX: 519-773-2934**