DISTRICTDENTAL

Credit Card Authorization on file

As a service to our patients, we will bill your insurance carrier, provided proper paperwork is provided to us. We will also assist you in billing your secondary insurance carrier, if applicable. Every effort will be made to closely estimate your co-payments and deductibles that are due at the time of service, but the ultimate responsibility for any unpaid balance rests on you. Please understand that insurance is a contract between you and your insurance company. Dental Insurance plans have gotten so complex, that no dentist can estimate coverage exactly. With your credit card number on file, when we get an insurance payment, we automatically bill your credit card any additionally owed co-insurance or co-payments. More importantly, we credit you immediately if your insurance paid more than expected. **If an insurance carrier has not paid within 90 days of billing, any unpaid professional fees are due and payable in full from you. If you refuse to sign this authorization then we will not file your insurance and you will pay out of pocket.**

I, _____ authorize Dr. Andres Villasenor to charge my credit card to cover any unpaid fees not paid by insurance.

Card Type:_____

Credit Card #: _____ Exp. Date: _____

CUU #: _____ (three digit code on back of card)

Zip code where card billing statement is mailed: _____

_____ _____

Cardholder's signature Date

*Notification requested _____

*We accept all major credit cards