

Third Party Agreement to Pay Dental Charges

I, _____ (PRINT cardholder's name), agree to pay for all of the dental expenses for services provided by My East Cobb Dentist, PC for the below named patient.

_____ (PRINT Patient Name)

I give My East Cobb Dentist, PC permission to charge my credit card listed below for the dental expenses incurred by the above named patient. In the case that there are any problems with my credit card payment, I agree to pay all collection costs and reasonable attorneys fees incurred in attempting to collect on this or any future outstanding account balances for the above named patient.

Name of the Bank that issued this credit card: _____

Bank Telephone Number: _____

Circle one: Visa MasterCard

Credit Card Number: _____

Credit Card Expiration Date: _____

Card Verification Code _____

Billing Address zipcode _____

I certify that this is my credit card and that I am legally authorized to give permission for its use. By signing this agreement and by photocopying my credit card, I hereby give my fully-informed consent to treat the above named patient and I agree to allow My East Cobb Dentist, PC to debit my credit card for charges incurred by this patient. I realize that once the services have started for the above named patient that I will not be entitled to any refunds and I agree not to dispute the resultant charges.

Cardholder Signature: _____ Date: _____

Cardholder Printed Name: _____ Cardholders
phone: _____

As the credit card holder, I also authorize My East Cobb Dentist, PC to charge this credit card for future dental services which are verbally approved by me for the above named patient

Authorization Valid Until: _____ / _____ Initials Here: _____

Completion of this authorization form helps My East Cobb Dentist, PC to protect you from credit card fraud. My East Cobb Dentist, PC will keep all information entered on this form strictly confidential. Once you have completed this credit card authorization form, please fax a signed copy to My East Cobb Dentist, PC fax line 770-579-6100 or scan and email to doctorklein@yahoo.com. Be sure to include the copies of the front and back of your driver's license and the credit card being used. (Light and legible copies of the front & back of the credit card and ID are required with this form.) Dark copies are rejected. Any questions can be verbally answered by calling our voice line at 770-579-6400.