Credit Card Pre-Authorization for Dental Treatment Form

Please complete & return with SIGNATURE

I authorize Melissa Padgett Dental to keep my signature on file and charge my Visa, Mastercard, American Express or Discover as indicated below.

Check one:

Visa _

Mastercard _

American Express _

Discover _

Balance of charges not covered by insurance

and not to exceed $ _____.

I assign my insurance benefits to the provider listed above. I understand that this form is a valid unless I cancel the authorization with written notice to the healthcare provider.

Patient (s) Name: _____

Cardholder Name: _____

Cardholder Billing Address: _____

City: _____ State: _____ Zipcode: _____

Card Number: _____ Exp Date: _____ Security Code:_____

Cardholder Signature: _____Date: _____

Melissa Mullane Padgett, DDS

General Dentist Accepting Children