

To Our Patients:

In an effort to keep billing costs manageable, Canepa Dental will be retaining a Credit Card on file for all accounts. The information will be held securely until insurance has paid their portion and notified Canepa Dental of the amount due by the patient. Any remaining balance owed by the patient or his or her family members on the account will be charged to the credit card on file. This authorization will remain in effect until cancelled in writing by the patient.

Co-pays, percentages and deductibles due at the time of visit will still be due at the time of visit. The card on file can be used to pay these.

If you have any questions about this payment method, please do not hesitate to ask.

Sincerely,

Signature:

Canepa Dental

I authorize Canepa Dental, to charge outstanding balances on my account/my family member's accounts to the following credit card.

2.8.1.4.4.1.21	Date.	

Data

Patient Name (print)		
Cardholder Name (print)		
(p.me)		
Cardholder Address		
City	State	Zip
,	State	216
1	■Visa ■Mastercard ■Discover ■A	nmex Debit
Credit Card Number:		
Credit Card Expiration Date:	Code on back of card:	Card Copied Employee Initials