



Triangle Family Dentistry
State-of-the-Art Comfort Dentistry

CREDIT CARD ON FILE AGREEMENT

Triangle Family Dentistry is implementing a new credit card on file policy effective February 2023. Like many other dental and medical practices, we have adopted a similar policy. We kindly request our patient's guardian/guarantor provide a credit card which will be used to pay a balance. Co-pays are still due at the time of service. Your credit card information will be obtained and kept securely on file.

After your claim is paid, we will process your card on file for any balances less than \$100.00 and send you a receipt for the charge. For balances over \$100.00, you will receive an electronic statement and your prompt payment is expected within 7 days. You may call our office if you have question about your balance.

This "Card-on-File" policy simplifies payment for you, and it reduces paperwork, ultimately helping lower the cost of care. Our Guest Support team is always available to answer questions about the Credit Card on File payment method or any balances due.

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By signing below, I authorize Triangle Family Dentistry to keep my signature and my credit card information securely on-file in my account. I authorize Triangle Family Dentistry to charge my credit card for any outstanding balances equal to or less than \$100.00.

Visa MasterCard Discover American Express

Name on Card (Print): _____

Cardholder Relationship to Patient: _____

Last Four Digits of Credit Card (CC) Number: _____ Exp.Date: _____

Please be advised, if the credit card on file differs from the CC info provided above, we will use CC on file.

Please fill out information below for any person(s) you authorize this credit card for:

Patient Full Name (Print): _____ DOB: _____

Patient Full Name (Print): _____ DOB: _____

Patient Full Name (Print): _____ DOB: _____

Credit Card Holder's Signature: _____ Date: _____