

# Waldron Dentistry

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Dr. J. Blair Waldron, Dr. Jonathan C. Waldron, and Dr. Edward R. Schlissel

Dear Patient,

As a service to our patients, we offer billing by credit card. In order to facilitate payment as conveniently as possible, you may be interested to pre-authorize our office to charge your credit card when your portion of the dental fees is due.

To do so, please choose which option you prefer. A detailed invoice will always be provided to you, and you are welcome to change this authorization at any time.

Sincerely,  
Drs. Waldron and Schlissel and Staff

## Credit Card Authorization Form

I authorize **Drs. Waldron and Schlissel** to charge my credit card as detailed below:

Your credit card information, as well as your personal health care information, is protected by a secure electronic firewall and all paper documents containing sensitive information are shredded using a secure, cross-cut shredding machine.

**(Select One)**

Please keep this signature on file for the estimated patient portion due at the time of service.

**OR**

Please keep this signature on file for the estimated patient portion due at the time of service and the unpaid balance after insurance payment.

**OR**

Authorized for estimated patient portion for this treatment only.

Patient Name \_\_\_\_\_

Responsible Party Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Credit Card (please circle):    Visa    MasterCard    Discover    American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

Date \_\_\_\_\_

Card Holder's Name (Print) \_\_\_\_\_

Staff Initials \_\_\_\_\_