



Express Checkout

Date: _____

In order for us to facilitate your billing and payment process, you can have us bill your Visa, MasterCard, or American Express credit card. You will be billed once payment from the insurance is received.

I, _____ understand that payments will be applied to my credit card for myself and the following family members: _____

Balances of \$50 and under will be automatically applied to this card once payment from insurance is received, and a receipt will be mailed once completed. You will be notified of balances over \$50. To authorize payments over \$50 please call the office once notification is received.

For security purposes, your credit card information will be completely removed from our records upon your request or discharge from the practise.

Credit Card Information:

Visa _____ MasterCard _____ American Express _____

Card Number: _____

Expiry: ____/____

Cardholder Name (as it appears on card): _____

Cardholder Signature: _____