



### Credit Card On File - Sample Template

At **(Insert Dental Practice Name Here)**, we value our patients, and their time. We do our very best to schedule patients as conveniently and swiftly as our schedule allows. In an effort to ensure that your time at our office is used efficiently, and to avoid long wait times, we abide by a 48-hour cancellation policy. Cancellations are accepted via **(insert your communication methods here ex. email, text, phone, etc.)**. **(Add this line only if cancellations are not accepted via a certain method such as text message, or email)** Unfortunately, at this time we cannot accept cancellations via text message. We understand emergencies happen, and should they arise we will do our best to work with you during such circumstances.

Please note that payment is always due at the time of service. In an effort to reduce last minute cancellations, office billing overhead, and past due account balances, our office has implemented a credit card on file policy that covers the following:

- ★ Any appointment scheduled for 1+ hour(s) will need to have a credit card on file.
- ★ Any appointment with an estimated out of pocket expense in excess of \$250.00 will need to have a credit card on file.
- ★ Any appointment scheduled during premier office times will need to have a credit card on file. Premier appointment times include any appointment scheduled between 8:00am-9:00am, 3:00pm-6:00pm, and any Saturday appointment.
- ★ Unless previous arrangements have been made, any unpaid account balance remaining after a first statement's due date will be automatically charged to your credit card on file.
- ★ By signing this agreement, you acknowledge that your credit card can be charged to clear account balances and estimated coinsurances/deductibles on your account with, or without you being present. You also acknowledge that you have read and agreed to the office's Credit Card on File Policy, and are willing to comply with the terms and conditions:

Patient Name (Print): \_\_\_\_\_

Parent/Guardian (Print - If other than patient): \_\_\_\_\_

Name as it Appears on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

EXP: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Office Authorization: \_\_\_\_\_