



River Walk FAMILY DENTAL

Credit Card on File Policy

Thank you for choosing Riverwalk Family Dental for your dental health needs. We are committed to providing you with exceptional dental care, as well as making our insurance and billing processes as simple and efficient as possible. Some insurance plans require copayments in amounts not known to you or us at the time of your visit. We gather and share as much insurance information for you and with you as possible but sometimes there is a small balance that remains.

To streamline our billing and payment system and to provide a seamless, convenient way for patients to pay their bills, effective immediately, Riverwalk Family Dental will ask all patients to keep an active credit card or Health expense credit card on file with us. We will, of course, bill your insurance company first and after their determination of benefits and payment we would charge your card if your resulting balance is \$10.00 or under. This will result in convenience and savings for you, our patients. We will process any balances on the 15th of each month.

By signing below, I agree to the Credit Card on File Policy for Riverwalk Family Dental and I authorize Riverwalk Family Dental to keep my signature and a valid credit card/FAS card /Debit card number securely on-file in my account. I understand they will automatically charge any balances \$10 and under, but nothing over this amount without my explicit permission.

Name on Card _____
Card Number _____
Expiration Date: _____ CCV# _____ Zip Code: _____

Signature of Patient/Credit Card Holder

Date

Print Name of signature above

Relationship to Patient