



71 Route 101A * Amherst, NH 03031 * Phone: 603-672-6546 * Fax: 603-672-6522 * www.ameridentNH.com

AUTHORIZATION FOR CREDIT CARD PAYMENTS

As a convenience to our patients we offer credit card billing for payments or copayments due at the time of service. Placing your credit card number on file also allows us to process payments automatically to your card to balance your or your family's account for balances that may be left over after insurance payment. It reduces your bills at the end of the month and you won't have to send a check. After each transaction your account payment receipt will be given to you or mailed to your address on file.

All card information is kept securely in a program with limited access.

Please check the option(s) most convenient for you to settle your account:

Visa Acct # _____ Exp Date _____ SVC _____
M/C Acct # _____ Exp Date _____ SVC _____
AmEx Acct # _____ Exp Date _____ SVC _____
Discover Acct # _____ Exp Date _____ SVC _____

To better protect your privacy we will ask to see your credit card and photo ID at your first visit.

I hereby authorize Amerident to process payments to settle my account in full. This agreement is considered valid until written notification is received.

Signature of Patient or Responsible Party

Date

Office Use Only:

Patient Name _____

Account Number _____