

Green Life Dental
#101 10216 128street
Surrey, B.C V3T 2Z3
604-585-4466

Credit Card on File

Green Life Dental requires Credit Card on file as a convenient method of paying for the portion of your services that are the patient's responsibility such as co-pay, deductible, and co-insurance. Your credit card information will be kept confidential and secure.

I, _____ the undersigned, authorize and request Green Life Dental charge my credit card for the balance that my Dental Plan has identified as my financial responsibility. This authorization related to all charged not covered by my insurance company for the services provided to me by Green Life Dental within 60 days of treatment or any **NO SHOW/LATE CANCELLATION**. My card will remain securely stored for future.

CREDIT CARD INFORMATION

CARD TYPE: VISA MASTERCARD DEBIT AMEX

CARDHOLDER NAME: _____

CARD NUMBER: _____

CVV: _____ **EXP:** _____

By Signing below, I authorize Green Life Dental to keep my signature and my credit card information securely on-file in my account. I authorize Green Life Dental to charge my credit Card for any outstanding balances when due.

Patient Name: _____ **DOB:** _____

Patient/ Guardian Signature: _____ **Date:** _____