Menlo Park Dental Excellence-ChauLong T Nguyen Dental Corporation
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CREDIT CARD CONSENT

Thank you for choosing our practice for your dental needs. We are pleased to offer you the option of a credit card charge and ask that you complete the following authorization:

Patient Name:_____ **Date:** _____

Name of Responsible Party: _____

Address: _____

_____

Email: _____

Phone: _____

I authorize ChauLong T Nguyen Dental Corporation to charge my credit card as specified below:

_____ Charge my credit card for the estimated patient portion (co-payment) for this current treatment plan only.

_____ Charge my credit card for the unpaid balance due after the dental benefit payment is received for this treatment plan only.

_____ Keep my signature on file and charge my credit card for any estimated patient portion (co-payment) due at the time of service.

_____ Keep my signature on file and charge my credit card for any unpaid balance due after the dental benefit payment is received.

_____ Charge my credit card per the amount and frequency determined below:

Deposit: $_____
Payment plan amount: $_____
Frequency: _____ (monthly/quarterly)
Length of time: _____ (months/quarters)

Credit card type: →Visa →MasterCard →American Express →Discover →Other
Credit card number: _____ Expiration Date: _____

Card holder signature: _____ Today's Date: _____

Card holder name printed: _____