

**PORTAGE PARK DENTAL ASSOCIATES, LTD.**  
**CREDIT CARD AUTHORIZATION FOR INSURANCE BALANCES**

I authorize PORTAGE PARK DENTAL ASSOCIATES, LTD. ("Portage Park") to charge my credit card for balances due for services rendered to me or others at my request that are not covered by insurance. Portage Park shall use reasonable efforts to process insurance claims on my behalf before charging my card. My credit card shall be charged at such time as my insurance company informs Portage Park of the amount of each bill that will not be covered. These charges may include sums representing a deductible, co-payments, or services not covered by my insurance company.

This authorization is limited to Portage Park and its affiliates and is not transferable or assignable. This authorization shall remain in effect until cancelled. To cancel, I must give 30-days written notice to Portage Park and my account must be current at the time that notice is given.

Type of Credit Card: \_\_\_ Amex \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover

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

Expiration Date: \_\_\_\_\_ CVV Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Patient Name: \_\_\_\_\_

I hereby agree to the above and affirm that I am a person authorized to make charges to the credit card described above.

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Cardholder or Authorized Agent