DI LORETO DENTAL CARE, PC

20690 Vernier Rd, Harper Woods, MI 48225 PH: 313-884-3050

PATIENT EASY PAY CONSENT

I authorize Di Loreto Implant Center & Dental Care P.C. to charge my credit for the balance of charges not paid by insurance within _____days.

Not to exceed $_____ Annually_____
Semi-monthly_____
Weekly _____
Per visit_____

Date(s) of Service _____to_____

I assign my insurance benefits to the provider listed above. I understand that this form is valid for one year unless I cancel the authorization through written notice to the health care provider.

_____
PATIENT NAME

_____
CARD HOLDER NAME TYPE OF CARD

_____
CITY STATE ZIP

_____
CREDIT CARD ACCOUNT EXPIRATION DATE

_____
CARD HOLDER SIGNATURE DATE