



# Renick Orthodontics

700 C W. Cherry Street Sunbury, Ohio 43074

## SIGNATURE ON FILE FORM

PATIENT:

### INSURANCE AUTHORIZATION

In order to submit insurance information, we need to have your signature on file to process the forms. By signing below, I understand that my signature on this contract will serve as my authorization and as a signature on file for processing insurance claims.

I, , do hereby authorize the company Michele Renick, DMD, MS, LLC to submit, process, and receive insurance payments on my behalf.

Signature

Date

### CREDIT CARD AUTHORIZATION(In House Payment Plan by Credit Card or Debit Card)

We gladly accept Visa, MasterCard, and Discover. Please print neatly:

Your name (as it appears on your card):					
Address (as it appears on your billing statement):					
Customer Service phone #(back of your card):					
<b>Payment Date Options (circle one):</b>		5 <sup>th</sup>	12 <sup>th</sup>	19 <sup>th</sup>	26 <sup>th</sup>
Date installments begin:		Amt of monthly installment			
<b>OFFICE USE ONLY</b>					

- o Your card must be present with you at the time of office payment and to set up the installment plan.
- o For the safety of our patients, we do not keep credit card numbers in the office.
- o If you need to change your card for any reason (expiration, name change, etc.), you will need to present the new card IN PERSON to make the desired changes. You may be asked for valid ID at the time of the change.
- o Any charges for insufficient funds will be the sole responsibility of the payee and any charges incurred by the office will be billed accordingly.

I agree to pay the above charges according to the card issuer's agreement. I understand that my signature on this contract will serve as my authorization on the credit charge/debit slip and as a signature on file for all authorized charges and outstanding balances now and in the future.

I UNDERSTAND THAT USING A CREDIT/DEBIT CARD FRAUDULENTLY IS ILLEGAL AND CHARGES WILL BE PURSUED TO THE FULL EXTENT OF THE LAW.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your contact phone number: \_\_\_\_\_