

Patient: _____ Date: _____

Effective April, 2005, we have a new way of processing insurance benefits for patients in our office. We can continue to accept insurance assignment as a service to you at no charge, and you can pay your **estimated co-payment** at the time of your visit. But, in order to do this the pre-authorization below will be required. This gives us a mechanism whereby very small balances can be rectified promptly and efficiently without annoying phone calls to you at work or home for these balances. Any balances of \$99 or less will automatically be taken care of. Again, this system only applies to small balances (under \$99). If, however, you do not wish to do this, we can assist you with filing your claim and have your insurance company reimburse you directly. **We would, of course, ask that you pay in full for your appointment today.**

Yes, my signature below authorized Kelli Slate, D.D.S. to charge any unpaid balances of \$99 or less after insurance payment for any treatment performed in this office for myself or my family members. I understand that I will be contacted if the balance is over \$99.00.

Circle one Visa MasterCard Discover/Novus American Express Debit

Card #: _____ Exp Date: _____ Security Code _____

Cardholder Signature: X _____

Printed Name: _____

Billing Address: _____

No, I do not authorize Kelli Slate, D.D.S. to charge my credit card for small balances. I understand that by not leaving a credit card pre-authorization on file, I will be required to pay in full for all treatment and will be reimbursed directly from my insurance company.

Signature: X _____