



JOYFUL DENTAL CARE

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FINANCIAL AGREEMENT/RELEASE VISA/MASTERCARD/DISCOVER/CARE CREDIT

I, _____, do hereby authorize Joyful Dental Care to
utilize my: (mark one)

- ☐ VISA
- ☐ MASTERCARD
- ☐ DISCOVER
- ☐ CARE CREDIT

...to pay any unpaid balance remaining after my insurance company reviews my claim.

In the event my credit card is not approved, I will be personally and immediately responsible for any overdue balance as a result thereof.

Credit card number: _____
Cardholder name: _____
Expiration Date: _____ 3D _____

Cardholder Signature: _____

Witness Signature: _____

Date: _____