

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: _____

Cardholder Signature:

Witness Signature:

Date: _____