



Assignment of Benefits with a Credit Card Authorization

I agree to assign my insurance benefits to **Oak Park Dental Studio**. I understand that **Oak Park Dental Studio** will submit all treatment claims to my insurance carrier, and will represent me in communications with them. I understand that **Oak Park Dental Studio** is a third party to the relationship between me and my insurance company, and I am responsible for all estimated co-payments at each visit and for any balance that the insurance carrier does not cover.

I authorize **Oak Park Dental Studio** to charge my credit card account for any costs which the insurance carrier does not cover after my claim has been processed. If the balance that the insurance carrier does not cover is over \$100, I will be notified by a courtesy phone call.

- Visa MasterCard Discover American Express

Credit Card Number

Expiration Date

Complete credit card billing address

CVV Code _____

Your CVV for your **Visa, MasterCard** or **Discover** is a three-digit number on the back of your credit card, immediately following your credit card number.

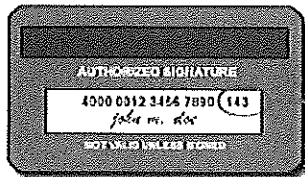
The CVV code for your **American Express** card is a four-digit number located on the front of your credit card, to the right of your main credit card.

Why do we ask for this?

We ask for this information for your security, as it verifies for us that a credit card is in the physical possession of the intended user.

Visa, MasterCard

American Express



CVV Number
Back of card - last 3 digits



CVV Number
Front of card - 4 digits

Patient/Guardian Signature

Date