

Financial Agreement for Chestermere Dental/Dr. James Yue

Please choose one of the following two payment options.

Option One

You may pay in full at the time of service, after which we will submit your dental claim on your behalf and have the insurance company issue the cheque directly back to you.

Many of our clients use a “reward points” type credit card, and choose this option so they can collect the reward points

Option Two

Direct Billing – Assignment of Benefits from your insurance company will require a valid credit card number to be left on file. **This includes dual insurance holders.** Once primary and secondary insurance payments have been received by our office, we will process the co-payment and notify the responsible party of the account that such payment has been processed. Direct billing is a courtesy we offer to our patients.

Credit Card Authorization

I authorize Chestermere Dental/Dr. James Yue to keep my signature on file and to charge my Visa/Mastercard account for balance of charges not paid by my insurance within 60 days of filing.

Patient Name: _____

Cardholder/Responsible Party Name: _____

Cardholder Address: _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

Credit Card: Visa Mastercard American Express

Card Number: _____ Exp Date: _____ V-Code _____

Cardholder Signature: _____

Insurance Authorization

I hereby authorize payment directly to Chestermere Dental/Dr. James Yue, for services rendered, otherwise payable to me. I authorize the release of any information relating to my dental claims through this office.

Authorized Signature: _____ Date: _____