Gentle Touch Dentistry
Dr. Fred Angeletti
3970 Five Forks Trickum Rd
Suite B
Lilburn, GA 30047
(770) 921-8442

Credit Card Authorization

In accordance with our Patient Accounts and Insurance policy, please complete this authorization.

This authorizes Dr. Fred Angeletti to charge the credit card listed below for any balances due on your account. You will always be advised via a printed statement of any charge made to your credit card via this authorization. We will contact you by telephone if the amount to be charged exceeds $500 or if the date of service to which it relates is greater than six months.

Credit Card Type: (*please circle one*) American Express, MasterCard, Discover,

Visa, Credit, Debit

Name imprinted on card: _____

Credit Card account number: _____/_____/_____/_____

Expiration Date on card: _____/_____ V-Code : _____

{V-Code is the 3 digit # imprinted on the back of the card below the signature area}

Patient Information:

Billing Address to which this card's statement is sent:

Street Address: _____

City: _____ State: _____ Zipcode: _____

Patient Signature: _____ Date: _____