



## STAGECOACH CHILDREN'S DENTAL CENTER

Keith M. Coe, D.D.S.

32931 Decker Prairie Road • Magnolia, TX 77355

phone (281) 259-5444 fax (281) 259-5425

### Credit Card Authorization Form

In an effort to better serve you and your child, we ask that you take care of the fees for your child's visit at the time of service. By allowing us credit card authorization, you are giving us permission to charge any balance due on the date of service and/or a balance which is past due by 30 days.

#### Authorization:

I authorize Stagecoach Children's Dental Center to keep my signature on file and to charge my (  ) **Mastercard** (  ) **Visa** credit card for any balance due on the day of an appointment in the practice or which is overdue past 30 days. **I will be contacted by the office if any charges or credits will be applied to my credit card.**

\_\_\_\_\_

\_\_\_\_\_

Parent Signature

Date

Patient Name \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**If you are unwilling to give us credit card authorization we will collect up front for all services and allow the insurance company to reimburse you directly.**