Highlands Ranch Orthodontics, P.C.
For Children and Adults

303.791.2021
bracesbydarrell@gmail.com

Excellence in orthodontic care

Patient # (Office Use):_____ | NEW
Date: _____ | UPDATE

Credit Card Authorization Form

Patient Name: _____ Billing Address: _____

Cardholder Name: _____ _____

Cardholder Phone #: _____ Relationship to Patient: _____

I authorize the office of Dr. Darrell L. Havener, Jr. DDS, PC to charge my Credit/Debit/Flexible spending card number:

_____ - _____ - _____- _____ exp _____-_____

WE ACCEPT DISCOVER/MASTERCARD/VISA

(PLEASE CHECK ALL THAT APPLY)

| | for a one-time payment of $_____

| | on the tenth of each month until my payments expire. In addition, I will notify Highlands Ranch Orthodontics of any changes made to my credit/debit/flex card and/or if I wish to alter the information on file. I also reserve the right to cancel recurring payments at anytime.

| Please email me a receipt for my recurring payments to:_____

(OFFICE USE ONLY)

Recurring Payments Starting (Mo/Day/Yr)_____/ 10 /_____ in the amount of $_____ for _____ months, with a _____ final payment of $_____.

If for any reason my credit/debit card is declined I will be notified by telephone that I have 30 days to provide current information to the office of Dr. Darrell L. Havener, Jr. DDS, PC. Failure to do so will result in suspension of recurring payments and/or a 1 ½% (not to exceed $20/mo) late fee charged to my account for each additional month that the account is not current.

X _____

Cardholder's Signature Date Date