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PRACTICE LIMITED TO ENDODONTICS

Insurance Underpayment (Credit Card approval form)

In accordance with this office's policy of accepting our patients insurance as part of full payment:

1. If there is an overpayment by the insurance carrier we will reimburse you as soon as possible.
2. If there is a balance due after we receive your insurance...**you authorize us to charge your credit card for the balance.**
3. If the insurance company mails payment directly to patient or the insurance company has not paid within 45 days of submission...**you authorize us to charge your credit card for the balance.**

NO DEBIT CARDS

The Credit Card is a: Visa Mastercard Discover Amex CareCredit

Credit Card# _____

Expiration Date _____ Security Code _____

Billing Zip Code _____

Print Name _____

Card Holder Signature _____ Date _____