

MARTINEZ DENTAL SOLUTIONS

PHONE PAYMENT AUTHORIZATION FORM

Due to HIPAA regulations and requirements, we need your written approval for us to accept your payments over the phone (i.e. credit cards). Please complete this form so we can have it on file, in case the need arises.

Please check one:

- I authorize
- I don't authorize

Martinez Dental Solutions to take payments from me by phone.

TRANSFERS BETWEEN FAMILY MEMBERS AUTHORIZATION FORM

Sometimes, a family member may have a credit in his/her account, while another one may have a balance. While we can make those transfers in the case of parents and their minor children, we need your authorization to make the transfers from one adult to another adult.

Please check one:

- I authorize
- I don't authorize

Martinez Dental Solutions to use credits in my account to cover any balance(s) in any other adult family member's account. This only refers to people in my family file, such as spouse and adult children.

I understand that I may terminate these authorizations. To do so, I must notify this facility in writing regarding terminations and effective dates. I know that I am entitled to receive a copy of these authorizations.

Name of Patient: _____

Name of Legal Representative - if applicable: _____

Signature of Patient or Legal Representative: _____

Date: _____