Pauline Potter Health Centre
Authorization for Payment

I, ______________________________________ , agree to pay my dental invoice in full to the Pauline Potter Health Centre.

Treatment consists of the following:

- ☐ Consult & X-Ray Only
- ☐ Fillings
- ☐ Other (please specify):
- ☐ Extractions
- ☐ Re-alignments

Payments up to $_________ can be made directly at the Health Centre using the following methods of payment:

- ☐ Cash
- ☐ Debit
- ☐ Visa
- ☐ MasterCard
- ☐ Personal Cheque
- ☐ Other (If authorized, I allow Northwood to debit my trust or bank account)

No payment plans accepted for LTC residents unless authorized by Business Office.

If paying by Insurance (please fill out below):

Insurance Company: ____

Policy Holder: ______________________ Client Receiving Treatment: ______________________

Policy ID #: ______________________ Policy Group #: ______________________

If paying with insurance, patient agrees to assume all costs not covered by insurance

Client Signature: ______________________________ **Date:** ____________

Designated NoK: ______________________________ **Date:** ____________

<u>Please return signed original to the Health Centre</u>