

Brodie Oaks Dental

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Suite 109
Austin, TX 78704
Phone: (512) 445-5866

Dear Patient,

As a courtesy to you, we file your insurance, but it is your responsibility to understand your insurance policy and co-payments. Your co-payment in full is expected at the time services are rendered. However, if your insurance company pays less than the estimated amount, you may incur a balance on your account. For your convenience, a credit card (Visa, MC, Amex, Discover) may be left on file in the event of a balance due. We will call or email you to authorize the amount to be run on your credit card. We will allow up to one (1) week for you to confirm this payment. If you do not respond, we will charge your credit card for the amount not covered by your insurance company. Your credit card number will be encrypted through our credit card processing center, ensuring your information is handled safely and securely.

CC #: _____ Exp: _____

Name: _____

Signature: _____

Date: _____

Preferred Contact: Email Phone

Email: _____

Phone #: _____

Our office is a fully approved and accredited user of the Visa and MasterCard Healthcare Program.

For Office Use Only:

Staff Signature: _____ Date: _____