



SUNRISE DENTAL

Thank you for choosing Sunrise Dental

We are pleased to direct bill your benefit provider on your behalf. Please read the following and choose the payment option that applies to you:

Option 1: If you do not have dental benefits or your benefit provider does not allow direct billing, payment is due in full on the date of service. We accept payment via cash, cheque, debit, Visa, MasterCard and American Express. In most cases, we can forward your dental claim on your behalf and you will be reimbursed by your provider.

Option 2: Sunrise Dental will directly bill your dental benefit provider. In order to streamline this process Sunrise Dental requests that you leave a valid credit card (including Visa Debit) on file. Once your benefit provider has paid us their portion, Sunrise Dental will mail out a billing statement on the first of the following month. Payment is due within 30 days of the statement date unless alternate arrangements have been made in advance. If payment has not been received by the due date, the credit card on file will be charged.

I, _____, hereby authorize any balances not covered by my insurance for me and my family members to automatically be applied to the following credit card.

Card Type: Visa MasterCard American Express Visa Debit

Card Number: _____

Expire Date: _____ CVV Code: _____

Name (as it appears on card): _____

Cardholder Signature

Date