

Starting January 1, 2022, GDIS will no longer accept payment in the form of checks. There will be no additional charges using a debit or credit card to make payments. The GDIS Board of Trustees voted to implement this policy change at their August meeting.

Georgia Dental Insurance Services Credit Card Payment Authorization Form

Once completed, please fax to
404-633-3943 or email to
christy@gadental.org

For Office Staff Only: _____ GDIS
#: _____ CC

Insured Name: _____

Cardholder Name (as shown on card): _____

Billing Zip Code: _____ Telephone No.: _____

Email Address: _____

Select Card Type: AMEX VISA MASTERCARD DISCOVER

Card #: _____

Expiration Date: _____ Security Code: _____

Amount: _____

Cardholder's Approval _____
(Print Your Name) (Signature)

For GDIS Office Use Only

(Date)

Approval Code: _____ Date: _____

Start Date: _____

Batch ID#: _____ Initials: _____

Department GDIS-Medical

Reason for Payment: Medical Insurance Premium