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 404-634-6099 or call 770-395-0224

Authorizatio		For Office Staff Only: #:	GDIS CC
Insured Name:			
		one No.:	
Email Address:			
Select Card Type: AM	EX VISA	MASTERCARD DISC	COVER
Card #:			
Expiration Date:	S	ecurity Code:	
Amount:			
Cardholder's Approval			
(Pri	int Your Name)	(Signature)	
		(Date)	
Payment Process	sing Only	Start Date:	
Approval Code:	Date:		
Batch ID#:			
DepartmentGDIS	S-Medical		
Reason for Payment: Medica	al Insurance Premium	1	