



Dear Patient:

In an effort to provide you with flexible payment arrangement, we have expanded our payment policy.

PAYMENT ARRANGEMENTS ARE REQUESTED AT THE TIME OF YOUR VISIT

We now offer the following payment options:

- Payment by cash
- Payment by check
- Payment by credit card
- Automatic monthly billing to your Visa, Discover or MasterCard
- Private patient finance through CareCredit

Please mark your choice, sign below and return to the office manager before treatment.

Our office is fully approved and accredited user of the *Visa and MasterCard Health Care Program* which will enable you to use your credit card to automatically cover the amounts not paid by your insurance. You may also choose a comfortable amount to be automatically billed to your credit card on a monthly basis.

If none of the above applies, please see the office manager. Thank you.

Print your name here and sign below

X _____

Date: _____

