



PAYMENT OPTIONS FOR DENTAL TREATMENT

Patient Name: _____

The total fee for treatment as outlined in the Preliminary Diagnosis and Treatment Recommendations

Date _____ **In the amount of \$** _____

Dental treatment is an investment in an individual's medical and psychological wellbeing. Financial considerations should not be an obstacle to obtaining this important health service. Being sensitive to the fact that people have different needs in fulfilling their financial obligations, we are providing the following payment options.

Major Credit Cards

- Visa, MasterCard, American Express, Discover card

Payment in Full (valid for treatment duration of 3 or more months and over \$10,000)

- A bookkeeping courtesy of 5% or \$_____ is given for direct payment in full **by cash or check** at start of treatment, resulting in a one-time payment of \$_____
- A bookkeeping courtesy of 3% or \$_____ is given for direct payment in full **by credit card** at start of treatment, resulting in one-time payment of \$_____

Office Payment Plan/Promissory Note

- An initial payment of one half (1/2) of the total payment is due on or before the first appointment, and remaining balance will be paid prior to the time of delivering or closing treatment for the case. For your convenience, the remaining balance may be paid according to the treatment plan, with _____ payment(s) of \$_____ (see Promissory Note) due on the _____ of each month starting on _____.
- No interest or service charge when payments are made on time.
- Requires 2 credit cards on file.
- If a payment is more than 30 days past due, the entire remainder of the treatment fee will be charged in full to the credit card on file.
- Can be arranged with either pre-dated checks or credit card. Subject to credit approval.

Maker _____

Date _____

Signature _____

Witnessed _____

Date _____

Signature _____