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Financial Options

Patient's Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

I choose the following method of payment for dental care performed for myself and my immediate family:

{ I Have No Dental Insurance }

- I elect to pay by: Cash Check Mastercard VISA American Express
- I prefer (upon approval) to use Care Credit, an interest free term loan and make smaller monthly payments over an extended period of time (3-12 months) to Care Credit. Please ask for an application.
- On extensive treatment, I elect to pay 50% of the total treatment at the appointment time, and the balance of 50% on the delivery or cementation date.

{ I Have Dental Insurance }

Name of Insurer: _____

Insurance Co.: _____ Plan or Group #: _____

Subscriber ID#: _____

- I elect to pay my deductible and any co-payment on each visit by:
 - Cash Check Mastercard VISA American Express
- On extensive treatment, I elect to pay 50% of my co-payment on the preparation date and have the balance split into three equal monthly payments and placed on my:
 - Mastercard VISA American Express

Account #: _____ Exp.: _____ Sec. Code: _____

Signature: _____ Date: _____