

## Financial Options

Patient's Name \_\_\_\_\_

Email Address \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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 \_\_\_\_\_, Master Card \_\_\_\_\_  
Visa \_\_\_\_\_ or 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 (6-12 months) to Care Credit. Please ask for an application.
- ☐ On extensive treatment, I elect to pay 25 percent as a retainer when the treatment is scheduled, 50 percent of the total treatment at the appointment time, and the balance of 25 percent on the delivery of cementation date.

### I Have Dental Insurance

Name of Insurer \_\_\_\_\_

Type of Plan \_\_\_\_\_ Plan or Group# \_\_\_\_\_

- ☐ I elect to pay my deductible and any co-payment on each visit by Cash \_\_\_\_\_, Check \_\_\_\_\_, Master Card \_\_\_\_\_, Visa \_\_\_\_\_ or American Express \_\_\_\_\_ as treatment progresses.
- ☐ On extensive treatment, I elect to pay 50 percent of my co-payment on the preparation date and have the balance split into three equal monthly payments and placed on my Visa \_\_\_\_\_, Master Card \_\_\_\_\_, Amex \_\_\_\_\_

Signature \_\_\_\_\_

*Patient or Responsible Party*