

Dear Patient,

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

***PAYMENT ARRANGEMENTS ARE REQUIRED 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 or MasterCard

☐ Guarantee any amount not covered by insurance with Visa or MasterCard

**Please make your choice, sign below and return to office manager before treatment.**

Our office is fully approved and accredited participant in CareCredit which offers no interest and low interest options. It is easy to apply for CareCredit and you will receive an answer almost immediately.

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

\_\_\_\_\_  
*Print your name here and sign below*

x \_\_\_\_\_

Date: \_\_\_\_\_