

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: \_\_\_\_\_