



**Dear Patient:**

In an effort to provide you with flexible payment arrangements, 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 or debit card
- Payment by Care Credit or Lending Club  
 (Initial) I authorize a pre-approval inquiry
- Guarantee any amount not covered by insurance with Visa or MasterCard

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

Our office is a fully approved and accredited user of the *Visa and MasterCard Health Care Program* which will enable you to use your Visa and MasterCard to automatically cover amounts not paid by your insurance. You may also choose a comfortable amount to be automatically billed to your Visa and MasterCard on a monthly basis.

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

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

x \_\_\_\_\_

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