



We want to help you afford the dental care you need and want. Please review the payment options we offer and select the one that best suits you.

I _____ chose the following method of payment for my dental care and the care of my dependents.

Please mark your preferences:

I have no dental insurance:

- I elect to pay Cash, Check, Discover, MasterCard, Visa and American Express on all visits as treatment progresses.
- I wish to apply for your finance plan with *0% Interest* through Care Credit. I understand, on approved credit, my repayment terms are with Care Credit.

I have dental insurance through my employer:

- I elect to pay Cash, Check, Discover, MasterCard, Visa or American Express on all visits as treatment progresses.
- I wish to apply for your finance plan with *0% Interest* through Care Credit. I understand, on approved credit, my repayment terms are with Care Credit.

Patient _____ Date _____

Responsible Party (if patient is a minor) _____ Date _____