

Date _____

Patient _____

Dental treatment is an excellent investment in the overall dental, medical and physiological well being of children and adults. Our office believes financial considerations should not be an obstacle to obtaining this important health service.

Today we are providing a copy of your dental treatment plan which provides your estimated insurance coverage and patient portion due at time of service. Your payment options are listed below.

The estimated cost of your treatment \$ _____

PAYMENT OPTIONS

Option A: Payment in Full (Due At Time of Service)

- We accept Cash, Check, Visa and MasterCard for patients with dental insurance.
- We offer a 5% discount with cash or check for patients without dental insurance. Discount does not apply when paying with Visa or MasterCard.

Option B: No Interest and Extended Payment Plans through Care Credit

- Contact Care Credit directly to apply. They can be reached at 1-800-365-8295 or at www.carecredit.com.

Please note treatment plans are considered an estimate only and are subject to change.

Any questions please call 503-224-7815