

AV Dental

Payment Options

To help keep costs of dentistry down and to continue to provide quality care to our valued patients, we only accept payment in full the day of treatment.

Please choose the option(s) most convenient for you to settle your account in full today.

VISA Acct #: _____ Exp Date: _____

MC Acct #: _____ Exp Date: _____

AMX Acct #: _____ Exp Date: _____

DISC Acct #: _____ Exp Date: _____

In House Credit Plan w/ no interest for one year, CareCredit.

Acct #: _____ Credit Limit: _____

(Or please see the receptionist for pre-approval or an application form)

I, _____, hereby authorize the Dental offices of *Dr. Alan Villanueva* to process payments from time to time, as the Dental office deems necessary, to settle my account in full.

Patient Signature (or Guardian)

Date