

**PAYMENT OPTIONS  
for  
1447 DENTAL ASSOCIATES**

1447 Dental Associates strives to offer convenient payment options, while at the same time, maintaining the high standard of comprehensive dental care that our patients deserve. At the onset of your treatment, we will provide you with an estimate of your total treatment costs. Our goal is to help you afford your dental choices.

Please understand that this will only be an *estimate*. Should the need for additional treatment arise during the course of the original treatment plan, the fees could change. Be assured that we will notify you of fee changes and obtain your approval prior to proceeding with treatment. Please take a moment to review the financial options that we offer.

- **Plan A:** Payment in full on the day of each visit. To demonstrate our appreciation for patients who are prompt with full payment, we will extend a five percent (5%) reduction of the total fee of \$500.00 or more. If you have a dental plan, the reduction is taken from your estimated co-pay only.
- **Plan B:** You may use your credit or debit card to make payment. We gladly accept MasterCard, Discover or Visa. When using this form of payment, we do not offer the five percent (5%) reduction in fee.
- **Plan C:** We are pleased to offer our patients another extended monthly payment plan option through a dental financing company called Care Credit. Please see our receptionist prior to treatment for more details and to receive a loan application.
- Our goal is to help you maximize your dental insurance benefits. As a courtesy, we are happy to bill your dental plan for services. Please remember that the contract itemizing your dental benefits is between you, your employer, and your insurance carrier. Regardless of coverage, your estimated co-payment is due in full the day of treatment. If your dental plan does not pay within 60 days of treatment, you must pay any outstanding balance and seek reimbursement from your dental plan. Also, remember that dental insurance plans are not designed to cover all of your dental needs. Rather, the amount your dental plan contributes towards your dental care is based on the plan selected and purchased by your employer.

Again, feel free to contact any member of our staff if you have any questions regarding the payment options described above. We thank you for trusting us with your dental care needs and hope that you will let us know if we can improve our service to you in any way.

I accept full financial responsibility for this account and for all dentistry performed upon my dependents in this dental office. I understand that it is up to me to confirm my insurance eligibility, waiting periods, and benefits. I also understand that this office cannot guarantee my insurance status in any of these areas. Any insurance estimate or information given to me by this office is not a guarantee of actual insurance payment.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date