



Payment Options

Please be aware this is an estimate only. Coverage with insurance may be less than estimated or work needed may change. **Please feel no pressure to schedule work** until you are ready to have it performed.

**Please choose one of the following,**

\_\_\_\_\_ I will pay my portion in full at each visit.

\_\_\_\_\_ I want to make no interest payments to CareCredit (3, 6, or 12 month).

\_\_\_\_\_ I want an additional 10% discount by prepaying for all work before beginning.

By signing below, I agree:

- to pay according to payment option chosen above,
- to pay **missed appointment fee of \$35**, and
- to **pay past due account fees** if applicable.

\_\_\_\_\_  
Signature of patient or guardian

\_\_\_\_\_  
Date