

LANCE E. SMITH, DDS

PAYMENT OPTIONS

Thank you for sharing with us the specifics of your dental benefits. As you may know, dental insurance does not always cover the cost of your treatment. In these instances, you will be responsible for financing your dental treatment. To reduce our administrative costs and keep our fees to you as low as possible, we ask that you pay your estimated patient portion due at the time you receive treatment.

Please indicate below the method of payment that you intend to use to pay for your dental treatment, including your estimated co-payment.

Payment Options:

- Cash or Check
- Visa / MasterCard
- Please adjust my credit card account for overpayment or underpayment.

Print Name

Credit Card Number

Expiration Date

- Bank Debit Card

Extended Payment Options:

- Financing available through CARECREDIT (3, 6, or 12 month – 0% Finance Charge) Please inquire with our financial coordinator.

I understand and accept responsibility for the payment of all dental treatment, which may or may not exceed my insurance dental benefits for the year.

Authorizing Signature

Date