## **OFFICE FINANCIAL POLICY**

#### **ENDODONTICS EXCLUSIVELY**

### **DR. JORDAN BOLLES**

	In our continued commitment to provide the highest quality of dental of	care available to all of our
patients	and to have those services comfortably affordable, we are pleased to	offer you these
alternat	ives for payment.	

Please indicate below the form of payment you choose: (check one)

□ **Payment in Full** (For those patients desiring to pay with cash or check we offer 5% discount for payment in full at time of visit.)

We accept Cash, Check, Visa, MasterCard, and Care Credit (5% discount does not apply with credit card)

### □ Insurance

As a courtesy we will be happy to pre-authorize and process your insurance benefits. Co-payment will be due day of service.

# □ Care Credit Payment Plan

No interest Payment Plan for 3-12 Months\*

\*Subject to credit approval. See patient brochure for promotional information

and estimated monthly payments.

Signature of Patient/Responsible Party

Date

If you have questions on your suggested treatment plan or the available payment options, please do not hestitate to ask. We are here to help you!