

PAYMENT OPTIONS

Payment is due at the time services are rendered. If you have insurance, the estimated patient portion is due in full at the time services are rendered. If you do not have insurance, payment in full is due at the time services are rendered, unless PRIOR arrangements have been made. We do offer a 6 month interest free 3rd party billing, for those that qualify with Care Credit. (We accept Visa, MasterCard, Discover, Cash and Checks)

EASY PAY

Patients that carry Dental Insurance understand that all Dental services furnished are directly charged to the patient and that he/she is personally responsible for ALL Dental Services. As a courtesy to our patients, we submit Insurance Claims to your Insurance Carrier. There is NO guarantee of payment by the Insurance Company. If a balance remains after the insurance has been paid, it will be charged to the credit card on file. If the insurance has NOT been paid in 30 days, the balance of the account will be charged to the card on file. If any charges are placed on your credit card, you will be notified AFTER the transaction is complete, and we will send you a copy of the receipt in the mail. The information below is confidential and will be destroyed after account balance is cleared.

I _____ (Patient Name) authorize *Dr. Linda Ricks* to charge my credit card for the balance of the charges not paid by insurance exceeding 30 days.

Patient Name

Cardholder Name

Cardholder Address

Credit Card Account Number _____ ---- _____ ---- _____ ---- _____

Expiration date _____

Security Code _____ Visa MasterCard Discover Care Credit

Cardholder Signature _____ Date _____