

The
SmilePlace
FAMILY DENTISTRY, PLLC



In an effort to provide you with quality Oral health care and flexible payment arrangements we have expanded our payment policy.

Payment arrangements are requested at the time of your visit.

We now offer the following payment options:

- _____ Payment in full by cash at the time of your appointment
- _____ Payment in full by check at the time of your appointment
- _____ Payment in full by credit card at the time of your appointment
- _____ Automatic monthly billing to your Credit Card for fees not covered by insurance and or any balance due.
- CC# _____ exp _____
- _____ Wells Fargo Financial

Please make your choice, sign below and return to Office Manager before your visit.

Our office is fully approved and accredited Amex/Discover/VISA/MasterCard Health Care Incentive Program which will enable you to use your Credit Card to automatically cover amounts not paid by your insurance. You may also choose a comfortable amount to be automatically billed to your Amex, Discover, VISA, or MasterCard on a monthly basis.

If none of the options apply, please see the Office Manager. Thank you.

Print your name here

Date

Sign

**Insurance coverage is an estimate only. Any balance due will be paid as indicated above.
Any credit will be refunded by check.**

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