

NIELSON

FAMILY DENTISTRY

16500 W. Indian Creek Pkwy., Suite #100, Olathe, Kansas 66062

Voice: (913) 829-8700 Fax: (913) 829-8703

Patient Name: _____ Date: _____ Dr.: _____

| | |
|--|----------|
| The investment for dental treatment is | \$ _____ |
| Less estimated insurance* | \$ _____ |
| Patient Responsibility | \$ _____ |

Dental treatment is an excellent investment in an individual's medical, dental and psychological well being. Financial considerations should not be an obstacle to obtaining this important health service. Being sensitive to the fact that people have different needs in fulfilling their financial obligations, we are providing the following affordable payment options.

PAYMENT OPTIONS

Interest Free Option (Care Credit)

- 90 day to 12 month Interest Free Terms available.
- Minimums as low as \$300.
- No interest charges if paid within the specified time period.
- Retroactive finance charges of _____% apply if treatment fee is not paid during the Interest Free period. Please note the required minimum monthly payment will be based on the terms of your loan.
- Fast, confidential service by phone.

Payment in Full

- A bookkeeping courtesy of 5% or \$_____ is given for direct payment in full (of over \$500), by cash or check, at start of treatment, resulting in a one-time payment of \$_____.

Split Payment Option

- For single procedures over \$500, we accept 50% or \$_____ at the time of service (payable by cash, check or credit card)
- The remaining 50% or \$_____ is due within 30 days

These payment options have been explained to me, and I have chosen the payment option as marked above. I agree to the terms as specified and understand that failure to make payments may reflect negatively on my credit rating.

Signature: _____ Date: _____

We Accept Visa, MasterCard and Discover

* If for any reason the estimated amount is not paid by your insurance company, it becomes your obligation.