



21321 E OCOTILLO RD. #130 QUEEN CREEK, AZ 85142 • 480.882.2300

Payment Options

In order to help our patients with all of their financial needs, we provide the following payment options. Payment options must be agreed upon **prior** to dental treatment and signed in writing in order to be valid.

We accept all major credit cards: Visa, Mastercard, Discover and American Express.

We also accept checks* and cash. Care Credit and Lending Club Financing also accepted.

_____ A. **5% PRE-PAYMENT DISCOUNT**

Payment in full for the total amount due results in a pre-payment savings to you! Full payment must be made **at the time of scheduling**.

- **5% for Cash or Check***
- **3% for Credit cards**

_____ B. **EXTENDED PAYMENTS AT 0% INTEREST- Lending Club or Care Credit**

You may receive up to **12 months interest-free financing** with Lending Club or Care Credit, subject to approval. No additional coupons or discounts may be applied when using Lending Club or Care Credit. The application can be easily completed online, in-office or by fax.

_____ C. **SCHEDULED PAYMENTS OVER THE COURSE OF TREATMENT**

This option allows you to make **two or four payments** over the course of treatment. The first payment of 50% is due at the 1st treatment appointment and remaining payments are scheduled at the time of 1st treatment appointment, not to exceed three months.

With this option, a Major Service Pay Agreement must be completed. A credit card must be kept on file with exact dates and portions to be charged to your card. On the dates agreed upon, your card will be automatically charged.

_____ D. **IN-HOUSE SAVINGS PLANS**

Our In-House Savings Plans are designed to help families without dental insurance receive high quality dental care. Our Plans help our patients receive dental care at a significantly discount rate with savings of **15-50% OFF** depending on the treatment needed. **No monthly premiums, no office co-pays, no waiting periods, and no long-term commitment!**

As a reminder to patients with dental insurance, we will accept assignment of benefits from your insurance company. With this option, we will contact your insurance company and get the best estimate for your dental treatment. At your dental appointment, you will only be required to pay the balance of what your insurance company is estimating they will not cover. We then file the claim on your behalf. Upon payment from your insurance company, additional balances may result due to changes or limitations in your insurance policy or other variances. **Please be aware that insurance is not a guarantee of payment and you will be billed for any remaining balance after insurance pays.**

* Checks are subject to approval through our verification system. As a result, post dated checks cannot be accepted.

Patient Name: _____

Patient or Guardian Signature: _____ Date: _____