

PAYMENT OPTIONS

To help keep the cost of your dental services down, and to continue to provide quality care to our valued patients, we now only expect your payment in full the date of treatment.

Please check below, the option most convenient for you to settle your account, in full, today.

Cash check direct debit it (***IN FULL***) the day of treatment.

Visa acct# _____ expiration date _____

MasterCard acct# _____ expiration date _____

Discover acct# _____ expiration date _____

I prefer low monthly payments (See receptionist for applications)

I _____, authorize Caldwell Dental Group, LTD., LLP to process payments, from time to time, as the Dental Office deems necessary, to settle/ pay my account in full.

Patient's signature and date