

Dale E. Kasting, D.M.D.

Patient Name _____ Date _____

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

PAYMENT OPTIONS

_____ PAYMENT IN FULL

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

A bookkeeping courtesy of 3% or \$ _____ is given for direct payment in full at the start of treatment by *credit card*, resulting in a one-time payment of \$ _____.

_____ WELLS FARGO FINANCIAL

- * No initial payment.
- * Interest free payment plans up to six months.
- * Interest retroactive at 21% if a payment is missed or not paid in full within the free period.
- * Applications available in the office **Good credit standing required.**

_____ CARE CREDIT

- * No initial payment.
- * Payment plans ranging from 18 to 60 months with monthly payments as low as \$ _____, which includes a minimal finance charge.
- * Low, fixed interest rates of 9.99% to 12.99% depending on the term selected.
- * Potential tax advantage.
- * Prepayments can be made at any time without a penalty.
- * Fast, confidential service by phone, 1-800-365-8295, or on-line at their secure website
- * www.CareCredit.com - **Good credit standing required.**

_____ PAYMENT A HEAD PLAN

- * Monthly installments of _____ to be used towards future treatment.

We accept Visa, MasterCard, Discover and American Express

The fee for this treatment is	\$ _____
Less estimated insurance **	\$ _____
Patient Responsibility	\$ _____

****IF FOR ANY REASON YOUR INSURANCE COMPANY DOES NOT PAY THE ESTIMATED AMOUNT, IT BECOMES YOUR OBLIGATION.**

****YOU ARE RESPONSIBLE FOR ANY FEES YOU ACCRUE IN THIS OFFICE.**

****YOU WILL BE RESPONSIBLE FOR ALL FEES ASSOCIATED WITH THE COLLECTION OF ANY DEBTS ON WITH YOUR ACCOUNT.**

Signature _____ Date _____