



## PRECISION ENDODONTICS, PC

### PAYMENT OPTIONS

To help keep the cost of dentistry down and to continue to provide quality care to our valued patients, we now only accept payment in full day of treatment.

Please check (✓) the option(s) most convenient for you to settle your account in full at time of service or issue a credit to your account if necessary.

VISA Acct # \_\_\_\_\_ Exp Date \_\_\_\_\_ C V V # \_\_\_\_\_

MC Acct # \_\_\_\_\_ Exp Date \_\_\_\_\_ C V V # \_\_\_\_\_

DISC Acct # \_\_\_\_\_ Exp Date \_\_\_\_\_ C V V # \_\_\_\_\_

Amex Acct# \_\_\_\_\_ Exp Date \_\_\_\_\_ C V V # \_\_\_\_\_

Care Credit Acct# \_\_\_\_\_

Cash/Check (Sorry for the inconvenience, we do not accept personal checks over the amount of \$200.00)

I \_\_\_\_\_ hereby authorize the dental office of Precision Endodontics, PC to process payments as the office deems necessary to settle my account in full.

\_\_\_\_\_  
Signature of patient/responsible party

\_\_\_\_\_  
Date