



FINANCING OPTIONS

We believe that all needed and desired dental care should be affordable to every patient. It is our pleasure to have a these options available. Financing arrangements must be made prior to treatment.

Option 1: We have partnered with **Care Credit** to offer our patients both long term and interest free financing for dental treatment right through our office. Care Credit is a revolving account (much like a credit card) that allows you to pay all out of pocket medical expenses (not just dental). As you pay off these charges, the funds become available for future needs. The interest free options allow you to spread payments over a period up to 12 months. If the total responsibility is paid by the end of the term you choose, there is no interest. There are also longer term installment plans with low interest available should you need to spread your investment over a longer period of time. Our financial coordinator will be happy to assist you in choosing the financing option that best meets your needs.

The application process is quick, simple, done by us with you in the office and completed that same day. There are no application fees.

Option 2: A reduction of fees by 5% to any patient who chooses to pay in full prior to treatment. We accept Visa, Master Card, Discover, Check or Cash payments.

Option 3: 1/2 patient's responsibility to reserve the appointment, and 1/2 at time of first visit for treatment. This way, patient's financial obligation has been satisfied and final visit is easier, quicker and more relaxing for patient.

Please indicate your desired financing option for the investment in your smile.

_____ I would like to apply for a Care Credit revolving account
 ___ Interest Free Term of 3 months 6 months 12 Months
 ___ Long Term Financing over 24 months 36 months 48 Months 60 months

_____ I would like to pay in full prior to treatment and save 5%. (see list above)

Credit Card Number: _____ Exp Date: _____

Signature: _____ Verification Code: _____

_____ I will pay 1/2 of my responsibility when making my appointment and 1/2 at the time of my first visit.

_____ Date: _____

Patient Signature

15R Mechanic Street, Foxboro, MA 02035

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