

**MULBERRY STREET FAMILY DENTISTRY**

**PAYMENT OPTIONS FOR OUR PATIENTS**

DATE \_\_\_\_\_

PATIENTS NAME \_\_\_\_\_ PATIENTS SSN# \_\_\_\_\_  
MALE / FEMALE      LAST                  FIRST                  MIDDLE

Our mission is to deliver the finest, most cost effective dental health care treatment available today. Following your diagnosis, the doctor will advise you of the plan for treatment. Additionally, we will discuss with you the cost of today's and future treatments.

**Payments (for today's visit and your future visits) are due at time of treatment. We will gladly file any Dental Insurance that you carry, but will ask for your co-pay on the same day of your visit.**

We do offer several alternative payment programs for your convenience.

1.      CASH OR CHECK
2.      MASTER CARD,VISA , DISCOVER
3.      HEALTHCARE CREDITLINE *DENTAL*:
4.      Unicorn

**This is a separate line of credit which does not affect the balances of your other credit cards**

**Patient will be responsible for all collection fees.**

**There are other patients waiting for appointments. You must call our office with at least a 24 hour notice to cancel or reschedule. Failure to do so will result in a \$25.00 office charge and/or the inability to reschedule new appointments.**

Signature Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Signature Co Responsible Party \_\_\_\_\_ Date \_\_\_\_\_