General Dentistry Interdisciplinary Dentofacial Diagnostic Systems



1874 N. Hunters Ridge, Suite 2 Fayetteville, AR 72701 (479) 444-0339

Dear Patient:	
In an effort to provide you with flexible payment ar	rangements, we have expanded our payment policy.
PAYMENT ARRANGEMENTS ARE REQUESTED	O AT THE TIME OF YOUR VISIT
We now offer the following payment options: ☐ Payment by cash ☐ Payment by check ☐ Payment by credit card Visa, MasterCard, A ☐ Automatic monthly billing to your Visa of ☐ Guarantee any amount not covered by in	or MasterCard
Please make your choice, sign below and return to office manager before treatment.	
enable you to use your Visa and MasterCard to auto	f the Visa and MasterCard Health Care Program which will omatically cover amounts not paid by your insurance. You natically billed to your Visa or MasterCard on a monthly basis
If none of the above apply, please see the office man	nager. Thank you.
Print Name	Signature

Date