

Financial Options for our Non-Insured Patients

I _____, choose the following financial option for my dental care and the care of my dependants (if any). Please circle or initial one of the following:

- A. I elect to pay cash_____, check_____, MasterCard_____, or Visa_____ at each dental appointment for treatment that day.
- B. I prefer to secure a bank or credit union loan for the entire amount.
- C. I wish to apply for the Capital One healthcare finance plan endorsed by Dr. Minnoch's office
- D. (For crown and bridge cases only) I elect to pay half of the total fee for treatment at the prep date, and the remaining half at the seat date.
- E. (For orthodontic treatment only) I elect to pay 30% down and then pay the balance monthly for the course of treatment.

Patient signature_____date_____

Responsible party_____date_____

Financial Options for our Insured Patients

My Insurance benefits are through_____

I _____, choose the following financial option for my dental care and the care of my dependants (if any). Please circle or initial one of the following:

- A. I elect to pay my deductible and estimated portion on the day of treatment.
- B. I prefer to give authorization for Dr. Minnoch to charge my credit card for the balance remaining on my account after my insurance pays its benefit amount. *Patients with double coverage are required to choose this option
- C. (For crown and bridge cases only) I elect to pay half of my estimated portion at the prep date, and the remaining half at the seat date.
- D. (For orthodontic treatment only) I elect to pay 30% of my estimated portion down, and then pay the balance of my estimated portion monthly throughout the course of treatment.

Patient signature_____date_____

Responsible party_____date_____

