



Dr. Teresita Mandapat, DDS

Dr. Teresita Mandapat DDS

FINANCIAL OPTIONS

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

I choose the following method of payment for dental care performed for my self and my immediate family.

Have no dental Insurance:

- I elect to pay by cash \_\_, Master Card \_\_, Visa \_\_ on all visits as treatment progresses.
- I prefer to use you Care Credit Finance Plan to make smaller monthly payments over an extended period of time. I realize that on approved credit I will qualify interest free for 6 to 18 months.
- On extensive treatment I elect to pay 25% as a retainer when treatment is scheduled, 25% of total treatment at the appointment time and the balance of 50% on the delivery or cementation date.

I have Dental Insurance

Subscriber's Name: \_\_\_\_\_

SS# \_\_\_\_\_ Birthdate \_\_\_\_\_

Plan Name or Group# \_\_\_\_\_

- Crowns, Bridges & Implants I elect to pay 25% of patients responsibility as a retainer when treatment is scheduled, 25% of the total treatment at the appointment time and the balance of 50% on the delivery or cementation date.
- Perio & Restorative treatment I elect to pay 25% of patients responsibility as a retainer when treatment is scheduled, the remaining 75% at completion of each visit. I elect to have the balance placed on my Visa \_\_, Master Card \_\_, Care Credit \_\_ or Cash \_\_.

Patient's Signature \_\_\_\_\_ Date: \_\_\_\_\_