



IMPRESSIONS DENTAL

5970 S. COOPER RD. STE #1 CHANDLER, AZ 85249 • (480) 814-8888

Payment Options

In order to help our patients with all of their financial needs, we provide the following payment options. Payment options must be agreed upon prior to dental treatment.

We accept all major credit cards: Visa, Mastercard, Discover and American Express. We also accept checks and cash payments. Care Credit Financing also accepted.*

_____ A. **5% PRE-PAYMENT DISCOUNT**

Payment in full for the total amount due results in a pre-payment savings to you! Full payment must be made at the time of scheduling.

- 5% for Cash or Check *
- Up to 3% for Credit cards

_____ B. **ASSIGNMENT OF YOUR ESTIMATED DENTAL BENEFITS**

We will accept assignment of benefits from your insurance company. With this option we will contact your insurance company for you and get the best estimate for the dental treatment that you require. At your dental appointment you will only be required to pay the balance of what your insurance company is estimating they will not cover. We will then file the claim on your behalf and, upon payment from your insurance company, any small differences must be paid at that time.

Please be aware that insurance is not a guarantee of payment and you will be billed for any remaining balance after insurance pays.

_____ C. **SCHEDULED PAYMENTS OVER THE COURSE OF TREATMENT**

This option allows you to make several partial payments spread out over the course of treatment. Payment in full is expected by the time the treatment is completed.

With this option, pre-approval from the Office Manager is required. Additionally a credit card must be kept on file with exact dates and exact portions to be charged to your card.

_____ D. **EXTENDED PAYMENTS – Care Credit or Citibank**

You may receive up to 12 months interest-free financing with Care Credit or Citibank, subject to approval. No additional coupons or discounts may be applied when using Care Credit or Citibank. Please ask us for more details or to assist you with your application.

_____ E. **SENIOR DISCOUNT**

We are pleased to offer a 5% discount to all of our Senior patients, ages 65 or older. A Senior Discount cannot be combined with any additional coupons or discounts. This courtesy does not apply when the patient is using dental insurance for services.

* Checks are subject to approval through our verification system. As a result, post dated checks cannot be accepted.

Patient Name: _____

Patient or Guardian Signature: _____ Date: _____