

PEARLY WHITES

LASER DENTISTRY & AESTHETICS

Dr. Teresita Mandapat, DDS

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 am interested in KeySmile - the dental insurance alternative

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: _____

