

PAYMENT OPTIONS FOR BERRY HILL DENTISTRY, P.C.

Berry Hill Dentistry strives to offer convenient payment options while at the same time maintaining the high standard of comprehensive dental care that our patients deserve. At the onset of your treatment, we will provide you with an estimate of your total treatment costs. Our goal is to help you afford your dental choices.

Please understand that this will only be an estimate. Should the need for additional treatment arise during the course of the original treatment plan, the fees could change. Be assured that we will notify you of fee changes and obtain your approval prior to proceeding with treatment. Please take a moment to review the financial options offered and indicate your choice of payment.

- Option #1: A 5% accounting or fee reduction for payment in full - before treatment is rendered.
- Option #2: Half of the total fee to reserve your appointment and half of the total fee at the preparation appointment.
- Option #3: Payment by the appointment - the total fee determined will be divided equally by the total number of appointments.
- Option #4: Bankcards – You may use your bank, credit, or debit cards to make payment, as we gladly accept all major credit cards.
- Option #5: We are pleased to offer our patients an extended monthly payment plan through a dental financing company called Care Credit. Please see our receptionist, prior to treatment, for more details and to receive an application.

Again, feel free to contact any member of our team if you have questions regarding the payment options described above. We thank you for trusting us with your dental care needs and hope that you will let us know if we can improve our service to you in any way.

I _____, have chosen option _____ (above) and accept full financial responsibility for this account and for all dentistry performed upon my dependents in this dental office. I understand that it is up to me to confirm my insurance eligibility, waiting periods, and benefits. I also understand that this office cannot guarantee my insurance status in any of these areas. Any insurance estimate or information given to me by this office is not a guarantee of actual insurance payment.

Patient Signature: _____ Team Signature: _____

Date _____