

Amarillo Dental Works

www.amarillodentalworks.com

3501 Soncy | Ste. 105 • Amarillo, TX 79119

(806)352-8381

PAYMENT AGREEMENT

Patient Name: _____
Last First MI Preferred Name

FINANCIAL POLICY

As a courtesy to our patients, we will bill your insurance for services rendered in our office. Any co-pays, deductibles, and estimated "out of pocket" expenses are due in full at time of service. Please remember these are estimates based on the information your insurance company has provided to us and is NOT a guarantee of payment. Therefore, your out of pocket expense is subject to change once the insurance has paid their portion. Any remaining balances area still the responsibility of the patient or responsible party. Any claims not paid by your insurance company within 90 days will become the responsibility of the patient/guarantor.

Payment is due at the time of treatment. We accept cash, check, and major credit cards. We also accept CareCredit that allows you to start treatment today and spread payments over time with 0% interest for a determined amount of time.

Applying for CareCredit only takes a few moments and there is no fee to apply. You may call or go online or simply fill out a form in our office and our Office Manager would be happy to call for you. Please circle below the method of payment you will be using:

Cash or Check Care Credit Major Credit Card

Signature of patient, parent, or guardian:

Signature _____ Date _____

Response Date: _____