

David P. Violette, D.D.S., P.C.

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West Bridgewater, MA 02379

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In an effort to provide you with flexible payment arrangements, we have expanded our payment policy. **Payment arrangements are requested at the time of your visit.**

Patient Name: _____ **Date:** _____

We now offer the following payment options:

Payment by credit card

Automatic monthly billing to your Visa or MasterCard

(1-month advance payment will be held on credit card to insure that credit limit is still available for next month's payment.)

Monthly arrangements by check.

(This is permitted only if the patient provides us with a credit card on file, so if patient fails to pay account after 10 days then the funds will be withdrawn from credit card on file.)

Guarantee any amount not covered by insurance with Visa or MasterCard.

Please make your choice, sign below and return to the office before treatment.

Our office is a fully approved and accredited user of the *Visa and MasterCard Health Care Program*, which will enable you to use your Visa and MasterCard to automatically cover amounts not paid by your insurance. You may also choose a comfortable amount to be automatically billed to your Visa or MasterCard on a monthly basis.

Print your name here and sign below

X _____

Date: _____

** Patient payment amounts are *estimates only* based on information available at the time fees are given. Estimates are subject to modification due to unexpected changes in treatment, patient insurance coverage, actual payments by insurance, accumulated finance charges and other factors that are not revealed when estimates are given. You will **ALWAYS** be notified of these additional amounts as they are incurred.