

BRYAN DENTAL GROUP PAYMENT OPTIONS

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Bryan, Ohio 43506-1678
419-636-3163 or toll free 866-729-2434
www.bryandentalgroup.com

Bryan Dental Group strives to offer convenient payment options while at the same time maintaining the high standard of comprehensive dental that our patients deserve. We will provide you with an estimate of your total treatment costs and an estimate of your insurance coverage. Our goal is to help you afford your dental choices and maximize your dental benefits.

This is an agreement between Bryan Dental, Inc. dba Bryan Dental Group, an Ohio Professional Corporation, as creditor, and the Patient/Guarantor/Debtor receiving this form.

In this agreement the words "you," "your," and "yours" mean the Patient, Guarantor and/or Debtor. The word "account" means the account that has been established in your name(s) to which charges are made and payments credited. The words "we," "us," and "our" refer to Bryan Dental Group.

By executing this agreement, you are agreeing to pay for all services that are received.

Payment options if you have no dental insurance:

- A. We request payment for services by cash, check, debit card, or credit card on the day treatment is rendered. A 5% courtesy is given if paid in full with cash or a check.
- B. On treatment involving laboratory fees (crowns, bridges, dentures, etc.) we request payment of 50% on the preparation date and the balance in approximately three weeks (or seat date).
- C. On extensive treatment, you may prefer to secure a bank, credit union, or third-party financing for the entire amount and make payments to the lending institution.
- D. We offer special financing through **CareCredit** with no-interest and low interest payment plans.

Payment options if you have dental insurance:

- A. We request payment of your **estimated** deductible and out-of-pocket portion on the day treatment is rendered by cash, check, debit card, or credit card.
- B. On treatment involving laboratory fees (crowns, bridges, dentures, etc.) we request your **estimated** deductible and co-payment on the preparation date.
- C. On extensive treatment, you may prefer to secure a bank, credit union, or third party financing for your portion and make payments to the lending institution.
- D. We offer special financing through **CareCredit** with no-interest and low interest payment plans.

Effective Date: Upon signing, you agree to all the terms and conditions contained herein and the agreement will be in full force and effect.

Guarantor name: _____

Signature: _____ Date: _____