

**Steven W. Haywood, D.D.S.**  
**Payment Options**

*In our office, we do not want money to be an obstacle for you. We want you to feel comfortable with us, which includes feeling satisfied with your financial arrangements with our office. Exceptional Dentistry is a wonderful and healthy investment in YOU! We encourage you to enter into a financial arrangement that is comfortable for you. Responsibilities for any fees are always ultimately the patient's. Our Time with you is the basis of any fee. Our Time is what you are reserving with us. We offer a choice of a variety of flexible payment options.*

**Please choose ONE option that seems right for you, should you proceed with your needed dental care...**

- 1. A courtesy of 5% will be given for dental care provided by the doctor when full treatment is accepted and paid by cash or check at the time of scheduling. Discounted procedures have their courtesy factored in and are not included.*
- 2. For those patients 70 years or older, a 10% courtesy will be given at the time of scheduling an appointment.*
- 3. Payment plans are available through CareCredit for those that qualify. Check with us. Availability, our participation and the terms change from time to time. Cash price is always better. Please ask!!*
- 4. An Interest free plan is also available. Availability varies. Repayment term is fixed by this office. Please check with us about how this might work for you!*
- 5. For Invisalign cases, payment in full is required at the start of treatment.*
- 6. We can assign insurance with a written agreement in certain circumstances.*
- 7. We reserve the right to offer our "best fee" for cash or check payments.*
- 8. A courtesy of 3% will be given for dental care provided by the doctor when full treatment is accepted and paid in full by credit card at the time of scheduling. Discounted procedures have their courtesy factored in and are not included*

**EVERY APPOINTMENT WITH A VALUE OF \$500.00 OR MORE, AN HOUR OR MORE IN LENGTH AND ALL PERIO THERAPY APPOINTMENTS MUST BE RESERVED WITH PAYMENT AT TIME OF SCHEDULING. Broken or cancelled appointments are assessed a fee at the discretion of this office and at least \$120.00. Please make certain your schedule is clear for your important dental treatment. A 2% monthly finance charge on all unpaid balances may be assessed.**

*I accept the terms and arrangements above and am personally responsible for all fees incurred:*

Signature \_\_\_\_\_

Date \_\_\_\_\_