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## Financial Information

### **Our Commitment**

It is our belief that everyone deserves a healthy smile. Therefore, we are committed to assisting you in determining the best method of payment for the services provided at Rivertown Dental.

- Option 1**      **Payment in full at the time of service**  
5% courtesy is deducted for cash or check
  
- Option 2**      **Split Payment Plan**  
Half of total paid at the start of treatment and the balance paid as treatment is completed
  
- Option 3**      **3-Month Interest Free Payment Plan**  
Three (3) equal payments posted monthly to a major credit card on file.  
Auto payments are posted on the 20th of each month
  
- Option 4**      **One Year Interest Free Payment Plan<sup>1</sup> through Care Credit**

<sup>1</sup> Interest Free Payment Plan (must qualify) | By arrangement with Care Credit, we are able to offer for patients to have their dental treatment done now but pay over time. Enrollment is easy and online at [carecredit.com](http://carecredit.com). It requires no personal financial information to be submitted to our office. The patient balance is zero in our office, as monthly payments are made to Care Credit directly.

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### **Dental Insurance**

As a service to our patients with a dental benefits plan, we will process all the necessary forms and assist you in maximizing your benefits, as long as you provide your dental carrier information before your appointment. Dental insurance is a partial method of payment for services. We do not have an agreement with insurance companies. Our commitment and relationships are with our patients, not with their dental benefits plan carriers. Our patients are ultimately responsible for payment for services, regardless of any insurance benefit. We provide estimates for treatment to the best of our knowledge, but we cannot guarantee coverage by dental maintenance plans.

Thank you for choosing Rivertown Dental for your dental care. We look forward providing the type of dental treatment you deserve with financial flexibility to make it both simple and obtainable.

Acknowledgement and acceptance: \_\_\_\_\_ Date: \_\_\_\_\_  
(PATIENT SIGNATURE)