



Ross P. Karlin, D.M.D., F.A.G.D.  
Fellow of the Academy of General Dentistry

Dear Patient:

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**

We now offer the following payment options:

- Payment by cash
- Payment by check
- Payment by credit card
- Automatic monthly billing to your Visa or MasterCard
- Guarantee any amount not covered by insurance with Visa or MasterCard
- Private Patient Finance thru Care Credit

Please make your choice, sign below and return to office manager 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.

If you have any questions please see the office manager. Thank you.

I understand and acknowledge that I am financially responsible for the services provided on my account, regardless of insurance coverage. Also, in the event that the account has to be referred for collections, a service fee minimum of \$30.00 or 33% of the total balance due will be added.

\_\_\_\_\_  
*Print your name here and sign below*

x \_\_\_\_\_

Date: \_\_\_\_\_

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