

Patient Payment Option Form
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In an effort to provide optimal dental treatment, we would appreciate it if you would indicate below which method of payment for treatment rendered would be most convenient. If there is any change in your payment arrangements, please notify us in advance of treatment. If you are uncertain how to answer, please ask; we will be very happy to help.

- Cash, personal check, or bankcard (MasterCard, Visa, Discover, or American Express).
- Co-payment in full at initiation of treatment with assignment of benefits from the insurance company.
- Fifty percent upon initiation of treatment, with the remaining fifty percent upon completion (i.e. 50% of co-payment).
- Payment consultation requested.

date: _____ initial: _____ initial: _____

I, the undersigned, understand and accept full responsibility for payment of services when rendered, and in the event that this account may become delinquent or may be placed with a collection agency or attorney, I agree to pay all additional collection or attorney fees incurred. All accounts are subject to 18% APR (1.5% per month) on unpaid balance after sixty days from date of treatment.

Signature (Patient or Responsible Party)

Date