

RONALD J. CHALK, D.D.S.

8315 Walnut Hill Lane Suite 230

Dallas, Texas 75231

214-691-6698

Fax 214-691-7709

Patient Name _____ Date _____

The fee for your treatment is \$ _____.

PAYMENT OPTIONS

Lowest Monthly Payment

CareCredit Payment Options (Card with Credit Limit)

- 24, 36, 48 and 60 Month Extended Payment Plans for treatment fees of \$1,000 or more
- Fast, confidential approval by phone 1-800-365-8295, online at www.carecredit.com, or Standard Application form in the office

Interest Free

CareCredit

- 6 Months interest free, Minimum \$300
- 3 Months interest free under \$300
- Keep your insurance check(s) as a rebate or pay them towards your loan

Payment in Full

- For fees of **\$2000** or more, a courtesy discount of 5% or \$_____ is given for payment in full by cash or check before beginning treatment, resulting in a one-time payment of \$_____. Credit Card payment discount is 5% minus current discount rate. Accept any insurance payment as a rebate.

Other Payment Options

- Payment of one half (1/2) or \$_____ at the start of treatment with one half (1/2) or \$_____ due at the end of treatment.
- We accept Visa, MasterCard, American Express and Discover

Signature _____ Date _____