

# MANHATTAN DENTAL CARE

*Laura M. Aversano, D.D.S.*

Patient \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Estimated fee for your treatment is: \$ \_\_\_\_\_

Estimated Insurance benefits: \$ \_\_\_\_\_

Estimated Patient obligation: \$ \_\_\_\_\_

Dental treatment is an excellent long-term investment in your overall health and well being, because of this; we believe that financial considerations should not be an obstacle to obtaining the treatment you want and need. To ensure you get the dentistry you want and need, we provide the following payment options:

\_\_\_\_\_ **Payment In Full (cash or check)**

- A pre-payment courtesy of 5% will be subtracted from the total *patient obligation* if the patient obligation is paid *in full* by cash or check at the start of treatment, resulting in a one-time payment of \$ \_\_\_\_\_.
- This discount is not valid with any other promotional discounts. Applies only to treatment fees of \$1,000 or more.

\_\_\_\_\_ **Other Payment Options (credit card)**

- Visa, MasterCard, Discover, and American Express are accepted for payment in full.

\_\_\_\_\_ **Third Party Finance (lowest monthly payment interest free options)**

\_\_\_\_\_ **Easy-Pay**

- Payments will be made directly to "Manhattan Dental Care, P.C." from any bank account or credit card account. Payments are automatically withdrawn from the account on the 1<sup>st</sup> or 15<sup>th</sup> day of the month.
- Easy Pay Plan is available up to a **maximum of 3 months**.
- Type \_\_\_\_\_ Credit Card # \_\_\_\_\_
- Exp. Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_
- **Monthly Amount** \_\_\_\_\_ **Billing Date** \_\_\_\_\_

I have thoroughly read and agree to the above payment options that were presented to me.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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[www.manhattandentalcare.org](http://www.manhattandentalcare.org)