

**Island View Dental  
638 North Webb Road  
Grand Island, NE 68803  
(308)381-0167 / Fax (308)381-6689**

**PATIENT PAYMENT AGREEMENT**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Total Treatment Amount: \$** \_\_\_\_\_

**Option 1:**

Total patient responsibility paid at time of service by cash, check, or credit/debit card.

**Option 2:**

1/2 of total fee paid at treatment date. Amount \_\_\_\_\_ Date \_\_\_\_\_

Remaining 1/2 of total fee next month. Amount \_\_\_\_\_ Date \_\_\_\_\_

CREDIT/DEBIT CARD # \_\_\_\_\_ Exp Date \_\_\_\_\_ VCode \_\_\_\_\_

ACH CHECKING ACCOUNT # \_\_\_\_\_ ROUTING # \_\_\_\_\_

**Option 3:**

1/3 of total fee before scheduling treatment appointment. Amount \_\_\_\_\_ Date \_\_\_\_\_

1/3 of total fee at first treatment date. Amount \_\_\_\_\_ Date \_\_\_\_\_

1/3 of total fee next month. Amount \_\_\_\_\_ Date \_\_\_\_\_

CREDIT/DEBIT CARD # \_\_\_\_\_ Exp Date \_\_\_\_\_ VCode \_\_\_\_\_

ACH CHECKING ACCOUNT # \_\_\_\_\_ ROUTING # \_\_\_\_\_

**Option 4:**

CARE CREDIT- No interest if paid in full within promotional period of 6 or 12 months.  
(\$200 minimum)

Extended payment options 14.9% APR 24, 36, or 48 months (\$1,000.00 minimum) or 16.9%  
APR 60 months. (\$2,500.00 minimum)

**IMPORTANT:** Practice will submit insurance for patient reimbursement. *Insurance portion is an estimated amount.* Payment may vary based upon the patient's deductible and plan limitations.

This is to certify the above treatment fees and checked payment option has been explained to me and I fully understand the nature of the treatment recommended. ***I understand and agree that if my insurance does not pay my insurance claim within 45 days, I am responsible for any balance due.*** I agree to pay reasonable attorney's fees, court costs and collection costs incurred by Island View Dental in collection and enforcement of the debt. The above fees will be honored for 6 months or until commencement of treatment, whichever occurs first.

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

Financial Coordinator: \_\_\_\_\_