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# Financial Options

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

*I choose the following method of payment for dental care performed for myself and my immediate family:*

### { I Have No Dental Insurance }

- I elect to pay by:     Cash     Check     Mastercard     VISA     American Express
- I prefer (upon approval) to use Care Credit, an interest free term loan and make smaller monthly payments over an extended period of time (3-12 months) to Care Credit. Please ask for an application.
- On extensive treatment, I elect to pay 50% of the total treatment at the appointment time, and the balance of 50% on the delivery or cementation date.

### { I Have Dental Insurance }

Name of Insurer: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Plan or Group #: \_\_\_\_\_

Subscriber ID#: \_\_\_\_\_

- I elect to pay my deductible and any co-payment on each visit by:
  - Cash     Check     Mastercard     VISA     American Express
- On extensive treatment, I elect to pay 50% of my co-payment on the preparation date and have the balance split into three equal monthly payments and placed on my:
  - Mastercard     VISA     American Express

Account #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

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