

Dr Timothy A Ungarean, DMD, FAGD

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Dear Patients,

Payments are requested at the time services are rendered.

Please be advised that even if you have Dental Insurance depending on your individual coverage a payment may need to be made by you when services are rendered.

Therefore we ask all patients to choose a payment plan option.

To assist you we expanded our payment policy options.

We now have the following options available to you:

- Payment by Cash
- Payment by Check
- Payment by Credit Card (Visa, MasterCard, Discover and American Express)
- Care Credit Third Party Financing
- Automatic Monthly payments to your Credit Card of choice

Credit Card Type_____

Name on Credit Card_____

Credit Card Number_____

Credit Card Expiration Date_____

Credit Card security code_____

Zip Code associated with Billing Address_____

Please select a choice, sign and date the form and return to the office manager prior to treatment.

Print name_____

Sign Name_____

Date_____

Thank you kindly.