



38 Riverside Drive
Binghamton, NY 13905
607-722-1274

Dental treatment is an excellent investment in an individual's well-being. We want you to feel comfortable with your dental care and that includes feeling satisfied with your financial arrangements. We are committed to developing an individual payment plan that will allow you to enjoy the benefits of high quality dentistry.

Patient Name _____ Date ____/____/____

The Doctor has diagnosed treatment that requires a/an _____

Your total investment for the procedure(s) will be \$ _____

Please note for all root canal procedures: A permanent filling or crown is recommended at the completion of the root canal. This is a separate fee/procedure and is not included in the fee/procedure for the root canal.

If you have dental insurance, we will submit a pre-estimate to your insurance company for the above procedure(s). This will help determine your estimated coverage through your insurance. Once received, please call our office to schedule.

The time needed for the procedure(s) will be _____ with Dr. _____

We Offer the Following Payment Options

1. 5% courtesy for payment in full at the time of initial appointment
This applies to dental treatment over \$300
(If applicable, any dental insurance reimbursement will be sent directly to you.)
2. 1/2 of your payment portion at the first appointment, remaining 1/2 at completion
(If applicable, any pre-estimate coverage will be taken into account.)
3. American General Finance
– 3 months 0% interest
– 6 months 0% interest
(If applicable, any dental insurance reimbursement will be sent directly to you.)

Please do not hesitate to call our office if you have any questions or concerns.

Thank you.