



315 South 6th Street, Mayfield, KY 42066

Phone (270) 247-2552 Fax (270) 247-2514

Payment for services is due at the time the services are rendered.

Please Check the method of payment you will be using:

CASH CHECK CREDIT CARD

CARE CREDIT COMPASSIONATE FINANCE

We accept Visa, Mastercard, and Discover

Returned Checks will be charged a \$25.00 handling fee. Balances over 30 days will be subject to interest charges of 1.5 percent per month (18% per annum). A charge of \$25.00 will be made for missed appointments and appointments cancelled without 24 hours advance notice.

If you have dental insurance, we will help you receive your maximum allowable benefits, however you remain responsible for payment if your claim is rejected.

I hereby confirm that I have read the above payment policy and agree to and accept it.

Patient Signature: _____

Date: _____

