

Michael S. Reilly, DDS, LTD

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Dear Patient,

In an effort to provide you with flexible payment arrangements, we have expanded our payment policy.

PAYMENT ARRANGEMENTS ARE REQUESTED AT THE TIME OF YOUR VISIT

We now offer the following payment options:

_____ Payment by Cash

_____ Payment by Check

_____ Payment by Credit Card (Visa and MasterCard)

_____ Automatic Monthly Billing to your Visa or MasterCard

_____ Guarantee any amount not covered by insurance with Visa or MasterCard

_____ Care Credit

Please make your choice, sign below and return to our office before treatment.

Our office is a fully approved and accredited user of Visa and MasterCard Health Care Program which will enable you to use your Visa and MasterCard to automatically cover amounts not paid by your insurance. You may also choose a comfortable amount to be automatically billed to your Visa and MasterCard on a monthly basis.

If none of the above applies, please see our office manager. Thank you.

Patient's Name

Patient's Signature

Date