



Michelle H. Edwards, DDS,MSD

Thank you for choosing Children’s Dental Center! We strive to deliver the best and most comprehensive dental care available. An important part of this goal is making the cost of optimal care as easy and manageable for our patients by offering several payment options.

Payment Options

You can choose from the following:

- Cash, personal check, Visa, MasterCard or Discover
- No interest¹ payment plans² from Care Credit, Chase Health Advance and Citi Health Card
 - Allow you to pay over time with NO INTEREST
 - Convenient, low monthly payment plans² also available
 - No annual fees or pre-payment penalties

Please note:

- Children’s Dental Center requires payment at the time of service. This includes all co-pays and deductibles.
- For patients with dental insurance, we are happy to work with your carrier to maximize your benefits and directly bill them for reimbursement for your treatment³.
- If you have any questions, please do not hesitate to ask. We are here to help you get the dental care you want or need.

To make transactions simpler for you, we offer to keep your credit card under your account on file here. This reduces phone calls and statements sent to you. We will provide a courtesy email or phone call to inform you of your balance and that we will charge your credit card automatically. No one other than the financial coordinator at Children’s Dental Center will have access to your personal information. Your information will be scanned into your account and promptly shredded.

Account #: _____
 Exp. Date: ____/____/____ 3 digit Security Code ____
 Type of Card: () VISA () MasterCard () Discover

I have read and understand the Financial Policy of the Children’s Dental Center. Children’s Dental Center has my permission to charge the balance of account after all insurance payments have been made³.

Parent, Guardian or Responsible Party _____ **Date** _____

Patient’s Name (please print) _____

¹If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.
²Subject to credit approval
³If we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits.