

Russell W. Cannon, D.D.S.
A Professional Corporation

Family & Cosmetic Dentistry
14150 Culver Drive, Suite 200
Irvine, California 92604
949-55-BRUSH

Payment Options

Our goal is to provide you with optimal care based on your individual needs. We are proud to be part of a team whose primary mission is to deliver the finest and most comprehensive health care available today. In addition, we are also dedicated to making top-quality care as cost-effective as possible. To assist you with your healthcare investment, we provide the following payment options:

_____ Option 1 **I wish to pay my patient portion (check, cash, or credit card) when service is rendered.** We will submit your insurance claim and if there is any difference between the portion paid and the insurance payment, you will be billed for that portion or reimbursed in the case of any over payment. ***Please fill in cardholder information below.**

_____ Option 2 I wish to take advantage of the "In-Office Plan" that is a courtesy offered to patients without dental insurance coverage. An additional form covering the details is available upon request. **Fees for services rendered on "In-Office Plan" must be paid in full at time of service. Credit card, check and cash payment will be accepted.**

_____ Option 3 I wish to make arrangements, upon credit approval, with CareCredit to have my dental treatment financed over an extended period of time. **This Option is not available to "In-Office Plan" participants.**

Patient Name _____

Patient Signature _____ Date _____

Cardholder Information

I authorize Russell W. Cannon, D.D.S. to keep my signature on file and to charge my (check one) _____ Visa _____ Mastercard _____ Discover _____ American Express.

It is my responsibility to notify Dr. Cannon of any credit card changes of any kind. I understand that this form is valid indefinitely unless I cancel the authorization through written notice to Dr. Cannon.

Cardholder Name (as imprinted on card) _____

Cardholder Address _____

City _____ State _____ Zip Code _____

Account Number _____ Expiration Date _____ Security Numbers (back) _____

Signature _____ Date _____