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FINANCIAL OPTIONS

- **CASH, CHECK or CREDIT CARD, MASTERCARD, VISA, DISCOVER OR AMERICAN EXPRESS**

GET A 5% BOOKKEEPING COURTESY BY PAYING IN FULL Ten days prior to your scheduled appointment for treatment costing \$500.00 or more.

For services requiring more than one appointment, to receive the 5% bookkeeping courtesy, the entire treatment plan must be paid in advance at the first visit. We accept these major credit cards to allow you the most convenience in taking care of your account.

- **DENTAL BENEFITS**

This includes services that may be covered by your benefits policy. To help you in maximizing your benefits, we'll gladly assist in filling out and submitting your benefit claim forms. Once the claim has been processed by your benefits carrier, you will be reimbursed directly by them.

- **PREMIER PATIENT PROGRAMS**

FOR THOSE PATIENTS WHO PREFER TO PAY OVER TIME - We've made special arrangements to allow you to complete your comfortable monthly payments. One of our team members will be happy to assist you and explain how the program works.

- **GRADUAL TREATMENT PLAN**

FOR THOSE PATIENTS ON A LIMITED BUDGET- By prioritizing treatment, those patients who do not have dental benefits and are on a tight budget can still complete their dental work by spreading appointments over several months or years.

DESIGNATED FINANCIAL OPTIONS

☐ CASH OR CHECK ☐ MASTERCARD ☐ VISA ☐ AMERICAN EXPRESS ☐ PREMIER PT PROGRAM

card number

expiration date

I understand Twohig dentals financial options and agree to the above arrangements.

FINANCE CHARGE: If I do not pay the entire New Balance within 25 days of the billing date a FINANCE CHARGE will be added to the account for the current monthly billing period. The FINANCE CHARGE will be a periodic rate of 1.5% per month (or a minimum charge of \$2.00 for a balance under \$134.00), which is an ANNUAL PERCENTAGE RATE of 18%, applied to the last month's balance. In the case of default of payment, I promise to pay any interest on the balance due, together with any collection costs and attorney's fees incurred to effect collection on this account.

SIGNATURE: _____ **DATE:** _____