



1831 Bay Scott Cir.
Naperville, IL 60540
Ph. 630-961-1341

Payment Agreement

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

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

You may also choose a comfortable amount to be automatically billed to your credit card.

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

Print Name _____

Date _____

Signature _____