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Dear patient:

In an effort to provide you with flexible payment arrangements, we have expended 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

Automatic monthly billing of your Visa or MasterCard

Guarantee any amount not covered by insurance with Visa and MasterCard

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

Our office is a fully approved and accredited *Visa and MasterCard health Care Program* which will enable you to use your Visa and MasterCard to automatically cover amount not paid to your insurance. You may also choose a comfortable amount to the automatic billed to your Visa or MasterCard on the monthly basis

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

Print your name here and sign below

x _____

Date: _____

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