

**Jeffrey S. Kearney**  
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**Cary, NC 27518**  
**Phone: (919) 859-4778**

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Dear Patient:

**PAYMENT ARRANGEMENTS ARE REQUIRED AT THE TIME OF YOUR VISIT**

We offer the following payment options:

- Payment by cash
- Payment by check
- Payment by credit card
- Automatic monthly billing to your Visa or MasterCard
- Guarantee any amount not covered by insurance with Visa or MasterCard

Please make your choice, sign below and return to the front desk before treatment.

Our office is a fully approved and accredited user of the *Visa and MasterCard Health Care Program* which will enable you to use your Visa and MasterCard to automatically cover amounts not paid by your insurance. You may also choose a comfortable amount to be automatically billed to your Visa or MasterCard on a monthly basis. If a predetermination of your treatment plan needs to be sent to your insurance prior to scheduling your appointment, please request this at the front desk. Please feel free to discuss all financial aspects of your treatment with Christine.

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

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*Print your name here and sign below*

**X** \_\_\_\_\_ **Date** \_\_\_\_\_