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Scott C. Doner, DDS

PAYMENT OPTIONS

To help keep the cost of our dental services as low as possible, and to ensure that providing quality care to all of our patients is our continued and primary focus, we now only accept payment in full for our patients' estimated portion, on, or before the day of treatment.

Please circle the option(s) most convenient for you
to settle your account in full at each visit:

Cash Check Debit Bank Card
Visa MasterCard American Express
Discover Card Dental Credit Card plan (Please ask one of us for help in applying)

Your Authorization

I, _____, authorize Dr. Doner's financial staff
(Please print name)

to process my personal payments by using the payment method(s) I have selected above, on or before the day I receive services, in order to pay in full any balance on my account.

x _____
(Patient Signature)

x _____
(Date Signed)