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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 (you make select more than one option):

- Payment by cash
- Payment by check
- Payment by credit card
- Automatic monthly billing to your credit card (thru secured third party)
- Guarantee any amount not covered by insurance with credit card
- Private patient finance thru Care Credit

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

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Print name

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Signature

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Witness

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Date