

Raleigh Pediatric Dentistry

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Confirmation of Payment

At your child's initial visit you signed a **Payment Policy** form that included your legal responsibilities for payment when services are rendered. This form is used to gather credit card and/or banking institution information to guarantee payment to Raleigh Pediatric Dentistry following treatment that was provided as part of the agreement. Your credit card and/or bank account will be debited the amount owed unless we receive payment. In the future, payment will be required prior to any services rendered. Thank you.

Credit Card Number _____

MasterCard or VISA

Expiration Date ____ / ____

Security Code _____

Bank Institution _____

Account Number _____

I, _____, am providing the payment information with the understanding that my account will be charged for treatment that has been completed.

Signature

Date

Witness

Date