



OLAF J.A.S. HAERENS, M.P.H., D.D.S.
General Dentistry

Dear Patient:

In an effort to provide you with flexible payment arrangements, we have expanded our payment policy:

PAYMENT IS REQUIRED AT THE TIME OF YOUR VISIT

We offer the following payment options: (Please check all options that apply)

Payment by cash

Payment by check

Payment by credit card

Payment by care credit (only if approved)

Print Name:

Signature:

Date: _____

Revised: 03/2011