

Financial Policy

**Dr. Helen Lee Campassi
540 E. Main Street
West Point, MS 39773
(662) 494-1869**

Please choose one of the options below:

***If you have dental insurance (one or two):**

- I will assign my benefit to you and pay the deductible and the estimated co-payment on each visit by cash, check or credit card.
- I will NOT assign my benefit but instead will pay in full for each visit by cash, check or a credit card. I want my insurance benefit paid directly to me.
- I will not be able to pay my co-payment on each visit; therefore, I need to make a monthly payment arrangement.

**** This monthly payment plan is through Care Credit. This healthcare credit card company offers an interest free option as well as a revolving payment option of a small minimum monthly payment within the credit limit. The credit is subject to approval. Many doctors' offices accept Care Credit. We can apply online while you wait for it takes only about 10 minutes for the application processing and the approval.**

***If you do NOT have dental insurance:**

- I would like to take advantage of 5% discount by prepaying the entire amount of my treatment today by check or cash.
- I will pay in full for each visit by cash, check or a credit card.
- I will need to make a monthly payment arrangement through Care Credit. (See** above)

Credit Card Information: ()MC ()VISA ()Discover ()Am Express

Name _____ Card # _____ Exp _____

Signature _____

I agree to the above option that I have chosen. I full understand I am solely responsible for my account.

Name _____ Signature _____ Date _____