

Ryan Bunton, D.D.S.
(913) 438-1828
(913) 438-1001

Fee for Service Policy

11909 W. 87th St. Pkwy
Lenexa, KS 66215
drbunton@live.com

Please sign and date bottom of page

Patient or account holder will be responsible for balance at the time services are rendered. Any financial arrangements must be made in advanced. It is the patient's responsibility to ask any questions regarding treatment prior to service.

For extended payment plans two forms of payment will required. Extended payment plans must be approved by that patient and financial coordinators prior to treatment.

A patient has 30 days to pay balance in full if extended payment should default. If payment is not made in full within 30 days the account will be turned over to collections immediately.

Payment Type: Visa, MasterCard, Discover, American Express
Cash
Check
CareCredit Financing Program
Automatic Withdrawal

I have read and understand the above information. I acknowledge that I am responsible for all charges incurred from services rendered by Ryan Bunton, D.D.S.

Print _____ **(Patient/Subscriber, if minor Guardian)**

Signature _____

Date _____