

**James A. Hill, Jr., D.D.S**

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**Financial Arrangements**

**PATIENT NAME:** \_\_\_\_\_

**DATE:** 1/12/10

**The Fee for Your Treatment is** \_\_\_\_\_

**Payment Options**

**Option #1 - Payment in Full (check or cash)**

A bookkeeping courtesy of 5% or \$0.00 is given for direct payment **IN FULL** at the start of treatment resulting in a one-time payment of \$0.00.

**Option # 2 - Office Payment Plan**

It is anticipated that treatment will take 1 visit(s). An initial payment of fifty percent (50%) or

\$0.00 is due at the start of treatment. The remaining balance of \$0.00 is due upon completion.

**Option #3 - Care Credit - Monthly Payment Option or Interest Free Option**

- No initial payment
- Payment plans ranging from 12 to 60 months
- Prepayment can be made any time without penalty.
- Fast, confidential service by phone, 1-800-365-8295
- This method **may not** be used to satisfy Option 1 above.
- *Good credit standing required.*

*We Accept Visa, MasterCard, Discover, and American Express*  
Please visit our website at [www.drjahill.com](http://www.drjahill.com) for additional information.