

# Apple Street Dental

## Patient Credit Check Authorization Form:

Dr. Calvin G. Bessonnet III and staff would like to Thank You for choosing our office and we appreciate your business greatly. As a courtesy to our patients we have decided to offer some In-House Financing Options

**\*Please Sign whichever option best suits your financial needs\***

I, \_\_\_\_\_, give Apple Street Dental, Calvin G. Bessonnet III, DDS, FAGD and staff permission to do a Health Credit Inquiry in order to set up an Interest Free, Payment Plan or an East Pay Credit Card Payment Plan with their office. This is just a soft inquiry and will not affect your credit rating.

I, \_\_\_\_\_, **do not** give Apple Street Dental, Calvin G. Bessonnet III, DDS, FAGD and staff permission to do a Health Credit Inquiry in order to set up an Interest Free, Payment Plan or an East Pay Credit Card Payment Plan with their office. I acknowledge that denying this credit inquiry also includes my option of setting up an Easy Pay Credit Card Plan as well.

**By denying my credit inquiry, I acknowledge my payment for service will be due in full when my services are rendered.**

Again, Thank You for choosing Apple Street Dental and if you have any questions, comments or concerns please let us know. We would love to hear your feedback on the new services we are offering.