

Dentistry at Millennium Park  
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## Patient Payment Plan Authorization

Payment Schedule: Please mark [ x ] in one or both of the boxes

[ ] 1<sup>st</sup> of the month      [ ] 15<sup>th</sup> of the month

Total Amount Due:      \$ \_\_\_\_\_

Scheduled Amount:      \$ \_\_\_\_\_

Paid in Full by: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PAYMENTS MADE ON DATES THAT FALL ON A WEEKEND OR HOLIDAY MUST BE PAID ON THE NEXT BUSINESS DAY**

Monthly Payments paid via:

[ ] Check      (In this office on the \_\_\_\_\_ of the month)

[ ] Cash      (In this office on the \_\_\_\_\_ of the month)

[ ] Pay by Text

[ ] Credit Card

[ ] Visa      [ ] Mastercard      [ ] American Express      [ ] Discover

**\*\*We must hold a credit card on file, regardless of payment method.\*\***

Name on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_      CVC Code: \_\_\_\_\_

Address of Credit Card: \_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip code

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_