

Payment Option Selection

Patient Name: _____

Thank you for choosing B Orthodontics.

To assist with managing your treatment fees, please select your preferred payment method below. If you would prefer to pay at each scheduled appointment, please advise our reception team. Please note that appointments are generally scheduled every 6–8 weeks.

Please select one option:

☐ **Credit Card Direct Debit**

I would like to pay via credit card direct debit.

I understand that B Orthodontics will send me a secure BPOINT payment link to enter my credit card details. The card provided will be securely stored and used as my nominated payment method for future scheduled payments relating to my treatment plan.

☐ **Monthly Direct Bank Transfer**

I would like to pay via monthly direct bank transfer.

I understand that I am responsible for ensuring monthly payments are made on time in accordance with my agreed payment arrangement.

Important

When making direct transfer payments, please use the **patient's full name** as the payment reference (for example: *Emily Smith*), rather than the account holder's name. This ensures payments are correctly allocated to your treatment account.

Patient Declaration

I have read and understood the payment options above and agree to my selected payment method.

Signature: _____

Date: _____

Our bank account details:

Account Name: B Orthodontics

Bank: CBA

BSB: 063 105

Account Number: 10733996