



PAYMENT POLICY:

We appreciate the opportunity to provide dental services to you. Since most of our patients are on private insurance plans, as a courtesy to our patients we file nearly all of our insurance claims electronically on the day of your visit. Please keep informed of any changes in your insurance coverage or carrier.

Also co-payments will be collected before any procedure is started.

In order for us to reserve an appointment for you, per our policy we collect ½ of your co-pay of your treatment plan procedure. _____ (Initials)

OFFICE POLICY:

Our office requires a 24 hour notice for any appointment(s), you are unable to keep. If you CAN NOT keep your scheduled appointment, please call us. If you do not call us to cancel the appointment within 24 hours, you will be charged a fee of \$50.00. _____ (Initials)

PAYMENT IS DUE AS SERVICE IS RENDERED:

We accept cash, checks, and all major credit cards. For those who prefer the convenience of payments spread out over a comfortable period of time, finance options are available through Care Credit or Chase Health Advance. They offer low interest, fixed rates, no prepayment penalty, and it covers fees from \$300 to \$25,000. For more information, inquire with someone from our finance department.

Signature (Responsible Party)

Date