

OFFICE FINANCIAL POLICY

We feel that all patients deserve from us the best dental care we can provide, and further, we feel that everyone benefits when office policy and financial arrangements are understood. In order that we may have a definite understanding in regard to the payment for dental services, the following is our office policy.

Payment in full is required at the time services are rendered. We will file your insurance for you and they will reimburse you directly. However, we will work with you and your insurance company if need be. If for some reason there is a credit, it will be mailed to you immediately. We do accept Master Card, Visa, and American Express.

I understand that I am responsible for all fees at time of service, regardless of insurance coverage, including any legal or other costs incurred in the collection of this account, if it becomes delinquent.

I consent to the use of my photographs to improve my treatment and to be used in educational and professional presentations and publications.

I have read the above and accept responsibility of payment for my dental work.

DATE _____ SIGNATURE _____