

FINANCIAL OPTIONS & GUIDELINES

This form is designed to notify you of our office policies regarding methods of payments we offer you, including acceptance of insurance.

METHOD OF PAYMENT

- CASH, CHECK or CREDIT CARD
 VISA, MASTERCARD, AMERICAN EXP, DEBIT CARD
 THIRD PARTY FINANCING (CC) & (DFP) PLEASE ASK!

OPERATIONAL POLICIES

Major Procedures require a deposit to hold the space and time that is completely dedicated for your treatment, therefore we must secure that space and time with a deposit that assures us you will be keeping that appointment.

INSURANCE RELATIONSHIP

We are very happy you have an insurance to assist you in the payment for these procedures, however, please know that our relationship is with you, our patient, not the insurance company. We bill and trace your insurance for payment, however you are ultimately responsible for payments.

PAYMENT AT THE TIME OF SERVICE

Payments are made at the time of services. Our patients appreciate taking care of their business with the front desk, prior to treatment and while waiting. This cuts down on the time they have to spend waiting at the end of service. Also while their comfort level is higher.

PLEASE SIGN _____ DATE _____