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OFFICE FINANCIAL POLICY

Payments are due when services are rendered unless special arrangements have been made prior to dental treatment. Insurance claims will be submitted on the patient's behalf for all procedures (except some cosmetic services). All patients are responsible for their balance at the completion of each procedure.

An interest-free payment plan is available for up to 3 months. The initial payment in the amount of 1/3 of the total payment is required at the start of treatment. A monthly payment plan is available for up to 60 months. Please ask for more information.

I understand that I am responsible for all fees at the time of service. In the event of late payment, a penalty fee of 10% will be incurred. In case of delinquency, any additional cost and legal fee will be accessed.

I consent to photographs being taken. I understand they may be used for record documentation and for illustration of my treatment. I have read the above information and I assume the responsibility of payment for my dental treatment.

DATE _____

SIGNATURE _____