

FINANCIAL POLICY

In our continued efforts to provide you with the best dental care possible and to provide our services at reasonable rates, we are pleased to offer the following methods of payments:

1. Cash or Check
2. Visa, MC, Discover and American Express
3. Extended payment plan through financing *deferred interest*.(O.A.C.)
Care Credit

PATIENT LIABILITY

- Entire cost of dental treatment
- Deductibles and your portion according to your insurance coverage

Insurance is a contract between you, your insurance company, and your employer. As a courtesy, we will bill your insurance after coverage has been verified. However, deductibles and co-insurance amounts are due at the time of treatment. We cannot guarantee your insurance coverage. We will give you an **estimate** only on the treatment that is diagnosed.

We are happy to accept assignment of insurance benefits. Any patient balance that is not paid within 60 days, we will require a credit card on file for future treatment.

_____ Initial

If you have any questions regarding your bill, please ask or call our office at 480-981-0094.

I have read, understand and agree to the above Financial Policy. I am aware that I am fully responsible for all costs regardless of insurance coverage. In the event that payment is not made on this account it will be reported to a credit bureau. Should legal action be necessary to collect the account, I/We agree to pay all fees incurred while trying to collect on this account.

Patient Name _____ Date _____
(Please Print)

Responsible Party _____ Date _____
(Signature)