

Dental Plan Information

Name of the Primary Dental Plan: _____ Phone Number: _____

Name of the Primary Subscriber: _____ Plan ID #: _____

Date of Birth: _____ SS# _____ Relation to Patient: _____

Employer Name: _____

Do you have a secondary dental plan? Yes No

Name of the Secondary Dental Plan: _____ Phone Number: _____

Name of the Primary Subscriber: _____ Plan ID #: _____

Date of Birth: _____ SS# _____ Relation to Patient: _____

Employer Name: _____

Payment Option Menu

- **Pre-Pay courtesy (does not apply to services covered by dental plan):**
 - A prepayment courtesy of 5% will be subtracted from the total obligation if the entire treatment plan is paid in full, with cash or check, 48 hours before the start of treatment.
- **½ and ½:**
 - With this option, after an initial down-payment of 50%, you will make equal payments at each visit over the treatment time. Payment will be made through pre-authorized credit card charges, checks, or cash.
- **Credit Card/Cash/Check/Money Order:**
 - In order to facilitate access to the very best health care possible, you may choose from any of the following (including a combination thereof): VISA, MasterCard, American Express, Discover Card, payment with cash, check, or money order.
- **Monthly payments:**
 - With fast approval from a third-party finance company, your payments can be much lower than those available through our office. Companies like Care Credit and Capital One specialize in helping patients obtain the treatment that they need.

All charges you incur are your responsibility regardless of your dental plan coverage. We must emphasize that as your dental care provider, our relationship with you, our patient, not with your insurance company. **Your dental plan policy is a contract between you, your employer and the insurance company. Our office is not party to that contract.**

As a courtesy to you we will help in processing of your dental plan's claims. You may direct your benefit payments to be made directly to our office. In order for our office to file your dental plan's claim, you must bring a completed dental plan form or proof of your dental plan coverage to your initial appointment. Payment is due at the time service is provided. Small, monthly payments and interest-free payment option can be obtained through outside financing (on approved credit). Please let us know how we may assist you.

Balances older than 60 days may be subject to collection fees and finance charges at the rate of 1.5% per month (18% annually). Returned checks will be subject to a \$25.00 fee. If you have any questions regarding our financial policy, please ask us. We are committing to providing you with the most positive experience in dental care.

Patient: _____ Signature: _____ Date _____