

PAYMENT OPTIONS

Thank you for selecting our dental health care team to provide the best possible care for you or your family.

As you may be aware, dental insurance does not cover the total cost of treatment. One of the costs that you are responsible for is called a co-payment. In order to reduce our administrative cost and to keep our fees as low as possible, we ask that you pay your co-payment at the time of treatment. Your dental insurance coverage information is YOUR responsibility. However, as a service to you, our staff will provide for you a co-payment **estimate** based on information provided to us by your insurance company.

INSURANCE ESTIMATING CAN BE AFFECTED BY VARIOUS OUTSIDE INFLUENCES. THE PATIENT IS ULTIMATELY RESPONSIBLE FOR ANY BALANCE REMAINING AFTER THE INSURANCE COMPANY HAS PAID ITS PORTION.

Patients without insurance are requested to pay for services when provided. If you have any questions please ask a member of our business staff. They will be happy to assist you with any payment questions you may have. Also, if a patient needs to cancel or reschedule an appointment we must be given 24 hours notice or a \$30 charge will be applied to their account.

I acknowledge full responsibility for the payment of such services and agree to pay for them in full at or before the completion of treatment.

Please indicate the method of payment you intend to use:

_____ Cash

_____ Check (*Checks returned by your bank are subject to a \$30 charge.*)

_____ Credit Card (*We accept Visa, Master Card and Discover*)

_____ Care Credit (*Payment by this method needs credit approval*)

I have read, understand and accept the payment options of Robert W. Passloff, D.M.D., Kevin A. Rubin, D.M.D. and Devika Kapoor, D.M.D.

Signature (*Patient, Parent or Guardian*)

Date