



## Our Policy of Care and Payment

**Ensuring that our patients receive the highest quality care is the goal of our practice.**

**Payment, including any insurance co-pay, is due at the time of treatment.**

**We accept CareCredit, cash, checks and major credit cards.**

**For future appointments, we offer financial options to help you achieve optimal dental health.**

**Please notify us at least 24 hours in advance if you are unable to keep an appointment. Charges may be applied for broken appointments.**

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Printed Name of Person Responsible for this Account

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date