



FINANCIAL POLICY

In an effort to provide you with flexible payment arrangements, we have expanded our payment policy.

Payment arrangements are requested at the time of your visit. We offer the following options:

_____ Payment by cash, check or credit card

_____ Automatic monthly billing to your credit card of a fixed amount

I would like \$_____ billed to my credit card on the 1st of each month
Starting on _____ 1st, _____ to _____ 1st, _____.

_____ Automatic monthly billing to your credit card in any amount that insurance does not cover

Please make your choice, sign below and return to office manager before treatment.

We will send out statements every month. It takes a minimum 30 days for reimbursement after we file your insurance, therefore you may go two months and possibly more before you get a statement. This does not mean that you do not have a balance. Here is our protocol if no payment is made:

1. A monthly statement for 3 months
2. A letter
3. A phone call
4. Reported to collections

Patient name (print) Date

Patient signature Date

Employee name Date

Employee signature Date