



2200 Winter Springs Blvd Ste 103 Oviedo, FL 32765 (407) 365-9772

FINANCIAL INFORMATION

PATIENTS WITH DENTAL INSURANCE

As courtesy to you, our patients, we will bill your insurance company and take assignment of benefits.

You are immediately responsible for the deductible and your portion of the treatment charges not covered by your dental insurance at the time of treatment.

If payment is not received from your insurance carrier in a timely manner, you are responsible for the total balance.

There is a finance charge of 1.5% per month, which is 18% per year assessed on all balances over 30 days past due.

We guarantee our services and products so long as you or other provider/dentist does not alter the treatment/product; and applicable hygiene appointments are maintained with our hygiene department.

I, _____, the patient, have read, and understood the statements mentioned above. If for any reasons there are collection fees, court or attorney costs are incurred to collect any balance due, I understand that I am personally responsible for paying them in full.

Signature

Date