

FINANCIAL POLICY AND PAYMENT OPTIONS

1. Payment in full on the day of service with cash or check.
2. Payment at time of visit with a major credit card. We accept MasterCard, Visa, Discover and American Express.
3. Estimated co-payment on day of service for Delta insured patients. (we will process the claim form)
4. All other Insurance - We are happy to assist you with the claim process to make it as easy as possible for you. We are familiar with most dental plans, and our knowledge will help maximize the use of your benefits. Please keep in mind that we cannot guarantee any estimate, and you are responsible for all fees in their entirety on the day of your visit.

We will complete all claim forms and provide any documentation or x-rays needed to achieve the maximum reimbursement to which you are entitled.

Any balances over 30 days will be assessed a finance charge.

We reserve the right to charge a cancellation fee if an appointment is cancelled, changed, or broken without a 24-hour advance notice. The first broken appointment fee is \$100.00, Second broken appointment fee is \$200.00, and a minimum of \$300.00 for any broken appointments thereafter.

I acknowledge receiving the financial policy and payment options for treatment performed by the DiBona Dental Group and agree to the terms thereof.

Patient or guardian signature _____ Date _____

For my convenience, The DiBona Dental Group may keep my credit card information confidential and on file with my authorization to charge my card to cover treatment fees performed in this office.

Card type: Mastercard Visa Discover American Express

Account number: _____

Exp: _____ CV Code _____

Name on card _____

Card holder Signature _____

Ask us about our DiBona Dental Care Benefit Plan