



## FINANCIAL INFORMATION

**Method of payment:**

Cash    Credit Card    Debit

**Person responsible for financial matters:**

Self    Spouse    Parent/Guardian    Other

**Primary Insurance:**

Subscriber: \_\_\_\_\_ Date of Birth: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

Insurance Company: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_

Policy # \_\_\_\_\_ Certificate # \_\_\_\_\_

## FINANCIAL ARRANGEMENTS

For all appointments, payment is due on the day of your treatment. For your convenience, we welcome VISA, Master Card and direct debit as payment. We will complete any necessary insurance forms for you in order to maximize your reimbursements. If you experience lengthy delays in receiving reimbursement, you should phone the insurance company directly.

We try our best to be as accurate as possible in estimating the cost of treatment. However, because of the very nature of surgical procedures, it is sometimes difficult to predict the exact course of surgery and treatment and therefore fees can sometimes change. We need this flexibility in order to provide you with the best quality of care possible.

All patients receiving treatment provided with sedation are required to make payment prior to receiving any medications. Our team is here to make processing insurance claims and payments as simple as possible for you and would be happy to answer any questions you may have.

I certify by my signature below that I have read and understand the above policy and agree to abide by the terms and conditions outlined therein.

\_\_\_\_\_  
**Signature of Patient (of Parent/Guardian)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**