



## OFFICE FINANCIAL POLICY

1716 South Gold Street  
Centralia, WA 98531  
tel 360-623-1350 • fax 360-623-1353

**I**n our continued commitment to provide the highest quality of dental care available to all of our patients and to have those services comfortably affordable, we are pleased to offer you these options for payment.

- We gladly accept Cash/Check, Visa/MasterCard and American Express/Discover
- Outside Financing
  - Flexible Monthly Payment Options
  - Interest Free Options
- Smile Club Members receive Additional Savings (for those without insurance)

**W**e are committed to support you in understanding your dental health, so that you will always be able to make the best choices. We will always present you with the best dental solution possible to treat your personal situation.

**W**e will, as a courtesy, process your insurance benefits in our office. All questions regarding your insurance benefits must be addressed to your insurance carrier.

**I** agree that I am fully responsible for the total payment of all procedures performed in this office – this includes any treatment that is not a benefit of any dental insurance that I may have. I understand that any estimated portion, not covered by insurance, is due at time of service for all services rendered. I understand that all services are due to be paid within ninety (90) days of date of service, regardless of whether or not my insurance benefits have been received. One percent (1%) per month interest (12% per year) will be charged on accounts thirty (30) days from treatment date. I agree that there will be a \$35.00 fee for a returned check. I also understand that should credit be extended to me by this dental office, a credit check will be made through TRW or other credit services and I authorize release of all financial data.

**W**hen our office reserves your appointment, we are setting aside a dedicated chair and time slot just for you. We ask that if you must reschedule your appointment, **please provide us with at least 2 (two) business days advance notice. There is a charge of \$50 per hour scheduled for failure to keep my scheduled appointments without sufficient notice.**

***\*Repeated cancellations or missed appointments will result in loss of future appointment privileges.***

**W**e are here to assist you in any way possible. Please make your questions and concerns known to our team... Our goal is to ensure that you have an outstanding experience.

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Signature (responsible party)

Date