

## FINANCIAL POLICY

Patient Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Mr. Mrs. Ms. (Circle One)

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Referred By ? \_\_\_\_\_

Patient SS# \_\_\_\_\_ Driver's License # \_\_\_\_\_

Spouse Name \_\_\_\_\_ Spouse Employer \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Responsible for Account? \_\_\_\_\_

Policy/Group # \_\_\_\_\_ Policy Holder SS# \_\_\_\_\_

Policy Holders Date of Birth \_\_\_\_\_ Policy Holder DL # \_\_\_\_\_

**EMERGENCY CONTACT NAME AND PHONE #** \_\_\_\_\_

Former Dentist? \_\_\_\_\_

Thank you for giving us the opportunity to serve you. Our mission is to deliver the best and most comprehensive dental care available. An important part of this mission is making the cost of optimal care as easy and manageable as possible by offering several payment options.

You can choose from:

- Cash, check, Visa, MC, Discover and American Express.
- NO INTEREST PAYMENT PLAN FROM CARE CREDIT
  - \*allows you to pay over a 12 month period with NO interest
  - \*no annual fees or pre-payment penalties
- For patients with insurance we are happy to work with your carrier to maximize your benefits.

**All payments and co-insurance payments are due at the start of treatment.**

**We offer a 10% discount for uninsured seniors. (age 55 and over)**

**A fee of \$30.00 is charged for patients who fail or cancel appointments without 24 hour notice.**

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Michael McWalters, D.D.S. and Staff

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date