

# Financial Policy

In an effort to provide you with the highest quality of dental care combined with a positive office experience, please read the following office policies:

## APPOINTMENTS

Your scheduled dental appointment represents time reserved with the Doctor or Hygienist especially for you. Therefore if you are unable to keep a scheduled appointment, notice of at least 24 hours is required. A charge will be made for any appointment that is cancelled without 24 hours notice.

## PAYMENT

Payment is due at the time services are rendered. We accept the following forms of payment: check, cash, American Express, Visa, MasterCard, or Discover. For treatment that will take place over a number of appointments, specific financial arrangements can be made with one of our Patient Care Coordinators.

## INSURANCE

The Doctors do not participate as providers with any dental insurance plans. Therefore, the patient is financially responsible for treatment charges incurred, unless otherwise specified (as in the case of a minor child).

If you have insurance, we will gladly submit the claim on your behalf, at your request. However payment from the insurance company will be directed to you.

Thank you in advance for your cooperation with these office policies.  
Please sign and date below.

I, \_\_\_\_\_, acknowledge receipt and understanding of the above mentioned office policies of Jonathan L. Ferencz, D.D.S., P.C., Lawrence E. Brecht, D.D.S., P.C., and Debra H. Cohn, D.D.S., P.C.

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Signature

\_\_\_\_\_  
Date