



In our continued commitment to provide the highest quality 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. **Please check one of the following:**

<input type="checkbox"/> <b>PERSONAL CREDIT CARDS</b> <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	<input type="checkbox"/> <b>PREPAYMENT</b>  We are happy to offer a 5% discount for services over \$300.00 when prepaid in full upon scheduling your appointment.
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<p align="center"><b>We are pleased to offer two financing options which are administered for us by</b></p> <input type="checkbox"/> PLAN FOR HEALTH <input type="checkbox"/> CARE CREDIT Please ask our administrative staff for details and credit applications
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We are committed to support you in understanding your complete oral-systemic health, so that you will always be able to make the best choices.

We will, as a courtesy, process your insurance benefits in our office, which will relieve you of this time consuming and sometimes-complicated task.

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 all services are due to be paid in full within sixty (60) days of the date of service, regardless of whether or not my insurance benefits have been received. A \$10 invoice fee will be charged on accounts 60 days from treatment date.

**MISSED APPOINTMENTS**

At JT Family Dental we believe in complete respect of all our guests and their time. Appointment times are reserved especially for you. If for any reason you should need to change your appointment there is a 48 hour change / cancellation policy in order to avoid being charged. Appointments not rescheduled or cancelled 48 hours in advance will be charged a \$50. inconvenience fee. Missed appointments prevent us from providing timely dental care to some other guest that is in need of service or care. Please help us serve you better by keeping your scheduled appointments. This helps us deliver the best service at the most competitive price.

We 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.

Signature (Responsible Party)

Financial Coordinator

Date