



JOSEPH

FAMILY DENTAL

Financial Policy

Your copayment is due at the time of services rendered. Joseph Family Dental offers the following payment options:

- Cash, Credit (all major credit cards accepted), Care Credit, Money Order and Checks (A \$35.00 charge will be added to the account for any NSF check returns)
- On qualified balances, we may offer a Three(3) month payment plan. If you are in need of other arrangements a credit card would need to be placed on file to be charged each month.
- Offer Policy is to charge 1.5% monthly fee with the minimum of \$2.00 to all accounts that are over 60 days past due.
- We do our best to minimize the use of outside sources to aid in the collection of delinquent balances. Any account 60 days past due may be sent to a collections office after all efforts by Joseph Family Dental have been exhausted. The minimum fee charged for your account being sent to collections is \$25.

Our financial arrangements are based on an open and honest discussion of recommended treatment options, respective fees, and our patient's financial capabilities.

Financial Consent

The patient (or person with financial responsibility for the account) agrees to be fully responsible for total payment of treatment performed in this office. I fully understand and agree to all terms in this office policy.

Names of patients that are responsibility of the signer (Please print):

Signature of patient (or responsible party)

Date