

Office Financial Policy

Payment for services is expected on the day that the service is provided. For your convenience, we accept cash, checks, MasterCard, Visa, American Express, Discover and Care Credit. Care Credit offers six-month financing with no interest or fees to the patient, and is available by application online or by phone.

Dental Insurance

We participate in several dental insurance networks. We will make every effort to determine what your insurance policy will cover before your appointment. Once we determine the estimated amount that your insurance company will cover, you will be asked for the remaining balance on the day of your appointment. If you have a balance remaining after the insurance company pays, we will send you a statement.

By signing below, I acknowledge that I have read and agree to these policies:

NAME _____ DATE _____

LUKE K. DALZELL, DDS, PLLC **Acknowledgment of Receipt of Notices of Privacy Practices**

You may refuse to sign this acknowledgment

Individuals who are approved to receive information:

Health information _____

Financial information _____

I authorize Dr. Dalzell to release my dental records to the following dentist(s) or other entity:

I have received (or been offered) a copy of this office's notice of privacy practices.

PRINT NAME _____ **Staff initials** _____

SIGNATURE _____ **Date** _____

GUARDIAN (if patient is a minor) _____ **Date** _____