## **Our Policy of Care and Payment**

Ensuring that our patients receive high quality care is the goal of our practice.

In our office, we do not want money to be an issue for our patients. We want you to feel comfortable with us, and that includes feeling satisfied with your financial arrangement regarding your treatment. We encourage you to enter into a financial arrangement that is comfortable for you. For your ease and convenience, we offer three types of financial arrangements.

angements.	Payment O	ptions	
Cash or Check			
VISA or MasterCard			
CareCredit (applying for apply)	CareCredit only tak	xes a few minutes and the	ere is no fee to
ase indicate below the form	n of payment you ch	oose to settle your accour	nt: check one
CareCred is declined a  NTAL INSURANCE: derstand my dental insurance is ery and Jeffery-Mohr and the in erstand I will be charged for all ery-Mohr from my insurance ca I the dental fees incurred. Any	it (Subject to creat another form of particular for	e insurance carrier and me, no fore, I am responsible for all on that any payments received by dited to my account or refund	is required.  It between Drs. Idental fees. I Drs. Jeffery or Idental fees to me if I have
Patient Signature		Date	
office only:			
Treatment Description	Payment Option Change	Signature	Date
	apply)  ase indicate below the form  Cash or C  VISA or I  CareCred is declined a  NTAL INSURANCE: derstand my dental insurance is ery and Jeffery-Mohr and the ir erstand I will be charged for all ery-Mohr from my insurance ca I the dental fees incurred. Any consibility.	Cash or Check  VISA or MasterCard  CareCredit (applying for CareCredit only takapply)  ase indicate below the form of payment you check VISA or MasterCard CareCredit (Subject to create is declined another form of payment of payment you check VISA or MasterCard CareCredit (Subject to create is declined another form of payment you check VISA or MasterCard CareCredit (Subject to create you have the decrease of the decrease of payment you check VISA or MasterCard CareCredit (Subject to create you have the decrease of payment you check VISA or MasterCard CareCredit (Subject to create you have yo	Payment Options  Cash or Check  VISA or MasterCard  CareCredit (applying for CareCredit only takes a few minutes and the apply)  ase indicate below the form of payment you choose to settle your account   Cash or Check VISA or MasterCard CareCredit (Subject to credit approval) If credits declined another form of payment listed above  NTAL INSURANCE: derstand my dental insurance is a contract between the insurance carrier and me, not erry and Jeffery-Mohr and the insurance carrier. Therefore, I am responsible for all derstand I will be charged for all dental treatment and that any payments received by erry-Mohr from my insurance carrier will either be credited to my account or refund the dental fees incurred. Any fees not paid by my insurance 60 days after treatment on sibility.  Treatment Description Payment Option  Signature  Date