

Dena Marcus, D.D.S. and Claire Tyler, D.D.S.
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Sonoma, Ca 95476
(707)996-7775

Financial policy/Consent for Services

For patients with insurance benefits, we are happy to bill your insurance as a courtesy to you. Please note that your insurance contract exists solely between you and your insurance carrier. We will file your insurance claim but cannot guarantee any benefits. If dental insurance pays less than the estimation provided to you, a statement will be mailed to you. Payment is expected within ten days. There is an interest rate of 18% per year on all outstanding balances. Ultimately, you are responsible for the entire cost of your dental treatment.

I authorize the Doctor to take x-rays, study models, photographs and/or diagnostic aids deemed appropriate by the Doctor to make a thorough diagnosis my dental needs. I also authorize the Doctor to perform any and all forms of treatment, medication and therapy that I have consented to during diagnosis and treatment. I also understand the use of anesthetic agents embodies a certain risk. Additionally, my intra-oral pictures and radiographs may be used for patient education. I authorize release of any information to third party payers and other health practitioners. I also assign all insurance benefits to the Doctor.

All dental services must be paid in full at the time services are performed, including the estimated portion of the amount that insurance does not cover. Our office accepts the following payment options: cash, check, debit, Discover, AmEx, Master-card and Visa.

For patients who prefer a monthly payment plan, There are third party financial companies, Care Credit or Citi Credit, with no loan fee and often 0% interest if you qualify.

I understand that the fee estimate listed for this dental care can only be extended for a period of six months from the date of the patient examination. Due to the nature of dental disease treatment may vary slightly from planned treatment.

A \$25 charge will be billed to your account for any returned check. We will not accept your check payments in the future.

Delinquent accounts will be sent to a collection agency.

Cancellation Policy There is a \$50 fee for appointments that are not cancelled with 24 hour business day notice or by Thursday for a Monday appointment.

I grant my permission to you and/or a member of you staff, to telephone me at my home, cell or work to discuss matters related to this form and payments. Other arrangements may be requested.

I have read the above conditions of treatment and agree to the content.

Signature of patient, parent or guardian

Date