WHITE OAK FAMILY DENTISTRY

gentle, quality care for the whole family!

ROBERT J. LUSZCZAK, DDS

First Name: Last Name:

Payment Options

White Oak Family Dentistry strives to offer convenient payment options while at the same time maintaining the high standard of comprehensive dental care that our patients deserve. At the onset of your treatment, we will provide you with an estimate of your total treatment costs. Our goal is to help you afford your dental choices.

Please understand that this will only be an *estimate*. Should the need for additional treatment arise during the course of the original treatment plan, the fees could change. Your treatment plan fees are guaranteed for 6 months from the date the plan is given to you. For any additional work that will need to be done we will obtain your approval prior to proceeding with treatment. Please take a moment to review the financial options offered and indicate your choice of payment.

☐ **Plan A:** Payment in full by cash, check, credit card or debit card. We accept MasterCard, Visa, American Express and Discover.

☐ **Plan B:** We are pleased to offer our patients an extended monthly payment plan option through Care Credit. Please see our front office staff prior to treatment for more information. Applications can be completed online.

☐ **Plan C:** Our goal is to help you maximize your dental insurance benefits. As a courtesy, we are happy to bill your dental plan for services**. Please remember that the contract itemizing your dental benefits is between you, your employer, and your insurance carrier. Regardless of coverage, your estimated co-payment is due in full the day of treatment.** If your dental plan does not pay within 60 days of treatment, you must pay any outstanding balance and seek reimbursement from your dental plan. If your dental plan pays more than expected, you will receive a refund check or credit to your credit or debit card within one week. Also remember that dental insurance plans are not designed to cover all of your dental needs. Rather, the amount your dental plan contributes towards your dental care is based on the plan selected and purchased by your employer.

Again, feel free to discuss any of our payment options described above or ask any questions you may have with our front office staff. We thank you for trusting us with your dental care needs and hope that you will let us know if we can improve our service to you in any way.

I, _____, have chosen option _____ (above) and accept full financial responsibility for this account and for all dentistry performed upon me and my dependents in the dental office. I understand that it is up to me to confirm my insurance eligibility, waiting periods, and benefits. I also understand that this office cannot guarantee my insurance status in any of these areas. Any insurance estimate or information given to me by this office is not a guarantee of actual insurance payment. I also understand that any insurance claim not paid in full after 60 days will become my responsibility to pay at that time.

Patient Signature:_____ Staff Signature:_____

Date:_____