## Jacobson Dental Group

39890 Fourteen Mile Rd. Walled Lake, MI 48390 (248) 624-8090

## OFFICE FINANCIAL POLICY

**Payment is due** at the time services are rendered. For your convenience we accept cash, Visa, MasterCard, Discover, American Express, personal check, money order, or registered check.

**Insurance** benefits are determined by your employer and not your dentist. We will do our best to determine what insurance benefits are available to you however, companies are making changes to their benefits packages constantly. As a result of this we cannot guarantee any quoted estimate and you are responsible for all costs of treatment not paid by your insurance. As a courtesy we will be glad to file your insurance claim for you and accept assignment of your available insurance benefits however **any deductible or estimated co-payment amount will be due at the time of treatment.** You will be expected to pay for services rendered if the office is unable to verify your insurance information before treatment.

In our office appointments are reserved exclusively for you so we reserve the right to charge and collect fees for broken appointments – appointments that are cancelled or broken without 48-hours advance notice. As a health benefit to you, we may offer to move your appointment to an earlier time if openings arise.

**Returned Check Fee:** \$40.00 will be added to your account balance and is collectible.

**Payment plans and financial arrangements** can be entered into for comprehensive dental treatment, prior to commencing treatment.

I have read and understand this financial policy.

PRINTED NAME

SIGNATURE