

**FINANCIAL POLICY
DR. PHIL ETHEREDGE**

We believe good dental health starts with clearly understanding your treatment needs, as well as your financial responsibility before treatment begins. For this reason, we have worked hard to provide a financial policy which will help you receive the care you need to enjoy good dental health, and will also respect your individual financial situation.

Insured Patients

We are happy to file the necessary forms to see that you receive the full benefits of your coverage; however, we make no guarantee of any estimated coverage. Any portion of your treatment not covered by insurance is due at the time of service

Uninsured Patients

Payments for dental treatment is due in full at the time of the service.

Dental Lab Services

For treatment that requires dental laboratory services, a minimum down payment is required at the initial appointment. Our Financial Coordinator will discuss this with you prior to treatment.

Payment Options:

Cash or Check

The estimated portion of the treatment not covered by insurance is due at the time of service for all insured patients. We offer our uninsured patients a 5% cash courtesy for payment in full at the time of treatment. We also offer an additional 5% senior courtesy for all patients 62 years old and older.

VISA and Mastercard

We gladly accept VISA or Mastercard.

I have read and understand the above financial policy. Regardless of insurance coverage, I am responsible for payment of all dental fees for myself and/or my dependents. I authorize Dr. Etheredge to furnish information to insurance carriers concerning my treatment or that of my dependents. I hereby assign to the dentist all payment for dental services rendered

Patient Signature _____ Date _____