



*Practice Limited to Periodontics & Dental Implants
Mercedes A. Heitman, D.D.S., Inc.*

FINANCIAL POLICY

In our continued commitment to provide the highest quality dental care available to all our patients, and to have those services comfortably affordable, we are pleased to offer you these options for payments. PLEASE CHECK ONE OF THE FOLLOWING.

- | | |
|---|--|
| <input type="checkbox"/> Personal Credits Cards | <input type="checkbox"/> Master Card |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Cash or Check |
| <input type="checkbox"/> American Express | |

We also are pleased to offer a financing option which is administered for us by CARE CREDIT, please ask for details and credit application.

We will, as a courtesy, process your insurance benefits in our office, which will relieve you of this time consuming and sometimes complicated task.

I agree that I am fully responsible for the total payment of all procedures performed in this office. This includes any treatment that is not a covered benefit of any dental insurance that I may have. I understand that all services are due and payable at the time services are rendered, regardless of whether or not my insurance benefits have been received.

MISSED APPOINTMENTS

Appointment times are reserved especially for you. If for any reason you should need to change your appointment, we require 2 working business days to avoid a service charge. We are here to assist you in any way possible. Please make your questions and concerns known to our team. Our goal is ensure that you have an outstanding experience.

Dr. Mercedes Heitman and Team

Signature (Responsible Party)

Date