

OUR OFFICE POLICY

Thank you for choosing our dental office. Our primary goal is to provide our patients with the best dental care available. An important part of our goal is making the cost of care as easy and manageable for our patients as possible.

Payment Options:

You can choose from:

- _____ Cash or Check (there is a \$30.00 service fee on all returned checks.)
- _____ Visa, Master Card, Discover, or American Express
- _____ No interest payment plans from Care Credit.*

If you have dental insurance, we will be happy to file your claims for you. We ask that you assign your insurance benefit payable to our office. All insurance deductibles and co-payments are due when services are rendered. When there is a delay of 45 days or more in receiving payment from the insurance carrier, it is your responsibility of the insured person to pay for the service and investigate the delay in reimbursement.

Accounts with outstanding balances more than 60 days from the date of treatment will bear interest at 1½ % per month or 18% annum.

Appointments that are broken or changed without a 48 hour notice could result in a \$25.00 broken appointment fee being charged to the patient's account.

We appreciate your cooperation in adhering to our financial policies and assure you we will continue to do our best to provide you with optimal dental care.

Patient or Responsible Party _____ Date _____ Witnessed By _____ Date

* Subject to credit approval. No interest applies if total is paid in full before the end of the promotional period. Minimum monthly payments required.



Dr. JEFF CALDWELL
FAMILY DENTISTRY

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