

TYGER RIVER FAMILY DENTISTRY

BRIAN K. ARMSTRONG, DMD

We are delighted to have you as a dental patient. Our mission is to provide the highest quality dental treatment to our patients. Please read and sign the financial policy below. Please do not hesitate to ask the office manager if any questions or concerns arise regarding the financial policy. Thank you!!!!

FINANCIAL POLICY

Payment is due at the time services are rendered. **Payment for Major services is due prior to procedure on preparation date. (Major services include: Root Canals, Crowns, Bridges, Dentures, and Partials).

Our office accepts cash, check, Visa, MasterCard. There will be a \$30.00 fee for returned checks. We also offer Care Credit for Major services only.

As a courtesy, we will file each patient's insurance, but reserve the right to discontinue this service if any problems arise.

INSURANCE: We will file insurance for each patient. You are responsible for the deductible and a percentage of the fee that your insurance company considers to be your co-pay. **Please be prepared to pay for you deductible and co-payment at each visit. Please understand that although some services provided may not be covered by you insurance company, they are still your responsibility to pay. You will be billed for balances not paid by your insurance company.**

Minor Patients: The adult accompanying the minor patient is responsible for payment of the services.

Missed Appointments: Please help us to serve you better by contacting our office at least 24 hours in advance, if you are not able to keep your appointment. It is our policy to charge for missed appointment at the rate of our normal office visit.

**There will be a charge of \$20.00 to copy x-rays in order to transfer records.
There will be a charge of \$15.00 for prescriptions called in after hours.**

I have read and understand the financial policy for Dr. Armstrong's office:

Signature of patient/guardian

Date