

the claim. If they have not paid within 30 days then you will be expected to pay the bill in full.

**Medicaid:**

We are happy to be a Medicaid provider. Please provide your \$3.00 cash co-pay and current Medicaid card at each visit. If Medicaid has paid for any root canals, panoramic films, or partials, please advise us immediately. Otherwise, you will be responsible for any charges Medicaid does not cover.

**Dental Services:**

We are more than happy to perform services that you have requested such as: crowns, bridges, partials, dentures, implants, bleaching trays, bite guards, and any other services. However, if for any reason you change your mind and do not want to continue with the procedure; you will still be charge for lab costs, staff and doctor's time, and any other expenses incurred thus far. Once an appliance or service has been ***completed*** such as a crown or bridge you will be charged full fee regardless of whether you come in to get them or not.

**Fillings:**

We will always do composite (white) fillings unless you request amalgam (silver) fillings. Composite fillings are more expensive and most insurance companies will not pay full fee for composite fillings. The difference in charges will be your responsibility.

**Financing Option:**

We are contracted with Wells Fargo to offer financing for charges over \$300.00. Wells Fargo requires the following: an application to be filled out before any services are done; good credit history for the last 3 years; stable residence; and 24 hours to approve applications. If we are a preferred provider with your insurance company, which means that we already accept reduced fees from your insurance, then the financing option is limited to only 6 months.

I have read and agree to comply with the office policies.

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Signature

Print name

Date