



Dr. Andrew J. Dvonch, DDS | Dr. Stephanie B. Erbland, DMD
Dr. Tejal V. Shastri, DDS

Office Financial Policy

Our financial policy is intended to prevent misunderstandings.

We would like to acknowledge patients who take a responsible approach to paying for their dental care.

- 1.) Full payment is expected at the time of service unless previous arrangements have been made.
- 2.) Although every attempt is made to provide an accurate estimate of your financial responsibility for services, there may still be a balance after your insurance has been billed. This balance is your responsibility to pay.
- 3.) A finance charge of 1.5% of the unpaid balance will be charged monthly after 30 days of delinquency.
- 4.) Returned checks are subject to a \$25.00 service charge and will terminate your privilege to pay by check for future services.
- 5.) It is understood and agreed that any outstanding balance may to be referred to a collection agency or attorney for recovery; you will be fully responsible for all collection agency fees and/or attorney's fees.
- 6.) If an appointment is broken or cancelled with less than a 24-hour notice, a fee of \$60.00 may be charged to your account.

Please sign below to indicate that you have read and fully understand our entire written financial policy.

(Patient Name; please print) _____
(Date)

(Patient Signature) _____
(Date)

OR

(Signature of Personal Representative)* _____
(Date)

* Authority of Personal Representative to sign for patient (check one):

Parent Guardian Power of Attorney Other: _____