



Dr. T. Braswell D.D.S

1133 Macon Rd
Perry Ga, 31069

Dental Financial Policy

Thank you for choosing our office for your dental needs. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve that allows you to enjoy a healthy, beautiful smile with respect to your budget. Dental treatment is an excellent investment in an individual's medical and psychological care. We are always available to answer your questions or assist you in any way we can.

To maintain the practice operations and prevent potential misunderstandings, we ask patients to accept and adhere to the financial arrangements regarding their dental treatment.

Optional Payment Terms:

1. **Full Payment Option:** We offer a pay in full Cash, Check (for existing patients with established payment history), Credit card (we except all major credit cards)at the time of services. We will still file your insurance as a courtesy to our patients.
2. **Major Service Payment Option:** We offer a two-payment option for Crown, Bridge, Denture and Partial Denture treatment. We ask that you pay one-half of your co-payment at the first appointment and the second half at the seat date appointment.
3. **Credit Card Payment Option:** We allow (with a signed agreement form), a Credit Card Payment option, this allows you to make three equal installments by credit card. One-third payment is due at the first appointment, one-third is due thirty days later, and the remaining one-third is due sixty days from the initial appointment. Our office personnel will charge these payments to your credit card on the due dates.
4. **Term Finance Plan:** By arrangement with CareCredit Dental Plan, we offer our patients, upon approval 3, 6 or 12 month same as cash financial arrangement. Please ask a team member for more information or go to CareCredit.com for an application.

Broken appointments: This time that has been reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 24 hours notice to avoid a \$25.00 cancellation fee.

Patients Signature

Date

Team Member Signature

Date