

**Pamela M. Cain, DDS  
Today's Dentistry, LLC**

**OFFICE FINANCIAL POLICY  
Effective as of 01/02/07**

We offer the following financial options:

- Cash or Check (\$25.00 service fee for all returned checks)
- Visa, MasterCard or Discover
- CitiHealth or Care Credit
- Dental Insurance (Proof of insurance must be presented at visit.)

**Although our office as a courtesy will bill your insurance, you the patient are ultimately responsible for the payment of the entire bill.**

**Operative Deposits for patients with insurance:**

- Minor** (fillings) 50% deposit is required
- Major** (crown, bridge) 50% deposit is required
- Prosthetics** (denture, partial) balance less insurance.

**Operative Deposits for patient WITHOUT insurance:**

- Minor** (fillings) payment in full the day of service
- Major** (crown, bridge)
  - 5% discount when paid in full on prep date by cash/check
  - OR
  - 50% deposit required on prep date and the balance is due on seat date (will not be seated unless balance is paid in full)
- Prosthetics** (denture, partial)
  - 5% discount when paid in full on impression day (cash/check)
  - OR
  - 3 equal payments (will not be delivered unless paid in full)

In the unlikely event that a delinquent account is turned over for collection, the debtor is responsible for all collection cost including court cost, attorney fees, and agency fees.

I have read and understand the terms and conditions of this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_