



Joseph L. Dulski, D.D.S.

Personal dental care that's gentle as a lamb

FINANCIAL OPTIONS

We have several financial options available to work out a solution for your particular situation. We have found that our patients appreciate knowing exactly what financial responsibilities they will incur. Therefore, we inform our patients of the fees and financial arrangements in writing before treatment begins. Knowing this allows you to arrange for the appropriate care.

Concerning dental insurance, no plan is intended to cover all of your expenses. Your portion, not covered by insurance, is due at the time of treatment. Please understand that dental insurance is a contract between the patient and the insurance carrier and not between the insurance carrier and the dentist. The party responsible for the dental fees is the patient. We are capable of only approximating your insurance benefit due to the large number of insurance companies and their periodic changes within their contracts. You are responsible for payment of the account balance eighty (80) days from the date of service if the insurance company, for any reason, pays less than their estimated benefit or nothing at all. We file your insurance as a service to you.

Check the options most beneficial to you:

- Cash and personal checks are accepted as your treatments are provided. This option lets you spread the payments according to your treatment plan.
- For services over \$300, a 5% cash courtesy is given when the entire treatment plan is paid in full by cash or check prior to the scheduling of treatment.
- Mastercard, Visa, Discover or American Express. This option lets you know how much your monthly payments will be so that you can budget your payments comfortably.
- Financing. For those needing an extended payment plan, we offer financing programs, which, when you are accepted, allow extended small monthly payments, including 12 months interest free. (CareCredit)

Do you have any special financial concerns that you want us to address?

For all patients:

I understand the doctor may discover other or different conditions that may require additional or different procedures from those planned. I authorize such other procedures as are deemed necessary in my doctor's professional judgment to complete my treatment. The fee will be adjusted accordingly.

We reserve the right to verify all checking account funds.

A deposit may be required to reserve appointment time.

I hereby authorize my consent to any advisable and necessary dental procedures, medications or anesthetics to be administered by Dr. Dulski or his supervised staff for diagnostic purposes or dental treatment and understand and acknowledge that I am financially responsible for the services provided regardless of insurance coverage.

SIGNATURE

DATE

