

Medford Family Dental Care, P.A.

308 Tuckerton Rd. | MEDFORD NJ, 08055 | (609) 654-2454

Financial Policy

Patient Name _____

Responsible party _____

Address _____

Phone# _____ cell# _____

E-Mail address _____

Thank you for choosing Medford Family Dental Care. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

Cash, Check, Visa, Mastercard, or Discover Card

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash or check prior to completion of care for treatment plans of \$500 or more. (Excluding orthodontics)

Convenient Monthly Payment Plans from CareCredit (subject to approval)

For patients with dental insurance we are happy to work with your carrier to maximize your benefits.

I hereby assign any benefits to which I may be entitled to Medford Family Dental Care, P.A.

The patient/guardian agrees to be fully responsible for payment of procedures performed in this office, including any treatment not a benefit with the insurance company.

Please be advised that this office will charge interest at the rate of 1.34% per month (16% annual percentage rate) on all accounts 60 days past due. We will also charge a twenty five (\$25.00) late charge per month, when payment arrangements are not met. There will be a twenty five (\$25.00) handling fee for any returned checks. In the event your account is turned over to a 3rd party for collections, patient agrees to be responsible for reasonable collections fees which are agreed to be 33 1/3% of outstanding accounts receivable.

Patient, Parent or Guardian Signature Date