



Please take a moment and become familiar with our financial policies.

All Patients, please read the following. . .

Payment for services is expected at the time service is provided. If treatment requires multiple appointments, payment may be divided over the number of appointments. Cash and personal checks are accepted. If an extended payment plan is desired, please ask us about the CareCredit program. MasterCard and VISA credit card payment are also welcome. For charges of \$500 or greater, a 5% courtesy will be extended for full cash (or check) payment in advance. If you have any questions, please feel free to ask.

I understand and agree that all services rendered me, my dependents, or others assigned by me to my account are charged directly to me. I further understand I am personally responsible for payment.

MISSED APPOINTMENT AGREEMENT

For all appointments broken with less than 24 hours notice, a fee will be charged.

If you have dental insurance. . .

As a courtesy, we will file your claim for you. We may accept direct payment from most insurance companies. We will estimate your deductible and the portion not covered by your insurance, which is due at the time of treatment. Our estimates may be different than your insurance company's calculations; therefore, the amount due our office may be adjusted accordingly. You may find that our fees may be different from the insurance company's schedule of "allowable" or "UCR" fees. If you have questions about "UCR" fees, please feel free to ask. All services rendered are charged directly to the patient, and the patient is ultimately responsible for the account regardless of insurance coverage. Any insurance claims denied or remaining unpaid after 60 days will automatically become the responsibility of the patient.

I hereby authorize payment of all benefits directly to Norman J. Cepela, D.D.S.

I acknowledge that I have received the Notice of Privacy Practices from this practice.

Print Name

Signature & Date