

**SZAFAREK DENTAL  
COSMETIC AND FAMILY DENTISTRY  
PAYMENT GUIDELINES**

Thank you for the confidence you have shown in us by selecting Szafarek Dental for your dental care. We are dedicated to providing you with the best possible care. In order to achieve these goals and for our Patients' convenience we offer the following methods of payment:

1. Payment in full one week prior to appointment by cash or check for treatment over \$1000.00 will receive a 5% courtesy adjustment.
2. We accept Visa, American Express and MasterCard. The prepayment courtesy does not apply to credit card payments.
3. If there is a need for financing treatment, you may apply for third party financing through our office with Care Credit. We would be happy to help you with the application and/or any questions you may have regarding the Care credit program.
4. **For our patients with Insurance Coverage:** Due to the many insurance companies and policies in existence, we are unable to know all details of your policy. As a courtesy to you, we do our best to find out remaining deductibles, yearly maximums and benefit calendars. The insurance company is responsible to you; therefore if you do have any questions regarding your coverage, we ask that you contact your insurance company. Any outstanding claims over 60 days will be billed to you for the full amount of any remaining balances.

No insurance company attempts to cover all dental costs. Your benefits are determined by the type of plan chosen by your employer and amount of premium paid. You, as the patient, can get back only what your employer put into the program, minus the profit of the insurance company.

Please remember that since dental services are rendered directly to you, you are responsible to us for payment. Therefore if you have a copayment for your treatment, it is payable at the time of service. We will be happy to answer any questions regarding your claims. Any questions regarding your insurance benefits and coverage should be directed to your insurance company.

Please select the payment option you prefer:

\_\_\_\_\_ Cash

\_\_\_\_\_ Check

\_\_\_\_\_ Credit Card: \_\_\_\_\_ Visa    \_\_\_\_\_ MasterCard    \_\_\_\_\_ American Express    \_\_\_\_\_ Care Credit

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