

Atsalis Dental Excellence  
George N. Atsalis, D.D.S.

Office Financial Policy

Thank you for choosing us as your dental health provider. Our main concern is that you receive the best treatment needed to restore and maintain your dental health. Therefore, if you have any questions or concerns about our payment policies, please do not hesitate to contact our office staff. We ask that all patients read and sign our Financial Policy as well as complete our Patient Information Form prior to being seen.

Payment for services is due at the time services are rendered. We accept cash, checks, Visa, MasterCard, Discover and American Express. For your convenience, we also offer financing through Care Credit.

As a courtesy to you, we will be happy to submit claims on your behalf to your insurance company. However, most insurance plans are payment assistance plans, and are not designed to cover the entire cost of treatment. Payment for services is due in full at the time of treatment, including any estimated co-pays.

**Your insurance policy is a contract between you, your employer, and the insurance company. We are not a party to that contract. Our relationship is with you, not your insurance company. All charges are your responsibility whether your insurance company pays or not. Not all services are a covered benefit in all contracts. If your insurance company does not pay within 90 days, we require you to pay the balance due.**

Returned checks will be subject to additional fees.

We reserve the right to charge a fee for missed appointments when less than a 24 hour notice is given.

We understand that temporary financial issues may affect timely payment of your account. We encourage you to communicate any such problems so that we may assist you in the management of your account.

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Patient/Guardian Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Print Name: