

**FINANCIAL POLICY**  
**VERY IMPORTANT, PLEASE READ**  
**CAREFULLY AND SIGN**

**Marietta Dental Associates**  
**644 Cherokee Street**  
**Marietta, GA 30060**

**PLEASE KNOW THAT WE ARE NOT CONTRACTED WITH ANY INSURANCE COMPANIES, should you have questions feel free to ask our business office.**

We require that services be paid in full. For crowns, bridges, partials, dentures, root canals, or any major service, you may pay half at time treatment is started and half when completed. However, the balance must be paid upon completion of the treatment which sometimes may take just one visit.

Flexible monthly payment options through third party financing is an option. It is the patients responsibility to call and get this program set up before treatment begins. This is not a credit card, it is a loan for the treatment needed. They do offer 6 and 12 months, no interest plans. If you have dental insurance, we will file it for you, but the insurance payment will be sent to you, not us.

For your convenience, our office accepts Visa, Mastercard, American Express, Discover, Debit Cards, Cash or Checks. We will gladly accept assignment of your insurance, however please understand that our charges are YOUR personal responsibility. You WILL be asked to pay your estimated portion, that insurance does not cover, at each visit. Again, we can only estimate the patient portion, which means once the insurance company pays, there may be a balance. This balance MUST be paid in full within 60 days from the date your service was provided, or we will not be able to accept assignment of your insurance benefits in the future. IT IS VERY IMPORTANT THAT YOU FOLLOW UP WITH YOUR INSURANCE COMPANY IF THEY DO NOT PAY IN A TIMELY MANNER.

I have read and understand Marietta Dental Associates' financial terms.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_