

Advanced Periodontics & Implant Dentistry of Westchester

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Our Financial Policy

Payment arrangements are requested at the time of your surgical visit.

We now offer the following payment options:

_____ **Option I – Guarantee any amount not covered by insurance with Cash, Check, MasterCard, Visa, Discover or American Express.**

_____ **Option II – CareCredit** *(No interest for up to 12 months, approved in 5minutes. Start treatment immediately)*

(Your insurance company's Estimate of Benefits (EOB) is not a guarantee of payment. In order to keep our overhead down and keep our fees reasonable we require a credit card to be kept on file in the event your insurance company refuses to pay for work that has already been performed. Your cooperation is appreciated)

Please make your choice, sign below before treatment.

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your financial responsibility.

I understand that I am financially responsible for all charges whether or not paid by insurance. I understand that I am financially responsible for my Estimated Out of Pocket Due Today.

I _____ Authorize Advanced Periodontics to charge my "Credit Card" or secure "CareCredit on my behalf for my out of pocket due today. Date: _____

Card Number

Expiration date

Card Holders/Patient Signature