

William G. Jackson Jr., D.D.S.

Keith D. Jackson, D.D.S.

Madeira Dentistry

7113 Miami Ave. Madeira, OH 45243

PHONE (513) 561-5318

Financial Agreement

Dear Valued Patient,

Thank you for choosing our office for your dental health needs. Dr. Jackson strives to provide quality dentistry at fair prices. Our payment policies are as follows:

Insured patients: Co-pay is due at the time of service. We will call to verify benefits and get an estimate of the insurance payment for the procedures that are to be performed. The patient is responsible for paying his or her percentage of the fee at the time of service. We are only able to obtain an *estimate* of the insurance payment. If there is a balance after the insurance claim is processed the patient will be billed.

Private pay patients: Payment is due at time of service for basic services (cleanings, exams, x-rays and fillings). We have a payment option called CARE CREDIT which allows a patient to pay over time and receive 0% interest on their charges! Please ask the office manager for details on this money saving payment option. Other options include: patient may receive a 5% discount on treatment plans estimated over \$1000.00, if the fees are paid in full at time of service, or patients can split the payments on major services between two appointment times.

If you have any questions regarding these policies please ask the office manager. I have received, read, and agree to the financial agreement for Madeira Dentistry.

Acknowledgement of Appointment Cancellation Policy

In order to provide optimum scheduling to all our patients, we require a 24 hour notice of appointment cancellation. Patients who do not call within the 24 hour time will be charged a \$75.00 fee. This fee is applied to all patients that are no-call no-show and same day cancellations.

I, _____ have read the above policy and understand that it is my responsibility to call 24 hours in advance in the event that I am unable to keep my scheduled appointment. I understand that failure to call in the 24 hours will result in a \$75.00 fee.

Sign _____ Date _____

