

Vacek Family Dentistry

Financial Policy

- 1) For our patients with dental insurance, we will submit insurance claims as a courtesy; however, any applicable co-insurance will be collected in full at the time of service.
- 2) Patients without dental insurance will be responsible for paying in full at the time of service. For restorative dentistry, a 5% courtesy will be granted if payment is received in full by cash or check at the time of service.
- 3) We will assist in the arrangements of financing through an outside institution for those patients who prefer monthly payments.

Signature: _____ Date: _____

Patient's Acknowledgement Form

I, _____, acknowledge that I have reviewed the office Privacy Policy Notice for Craig P. Vacek, D.D.S., P.C.

Patient's Signature: _____

Date: _____

In the event that you do not agree to sign this form, our office must indicate why you declined to do so.

Reason for patient's refusal:

Privacy Director's Signature: _____

Date: _____