## **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:
Pati	ient's Acknowledgement Form
Ι,	, acknowledge that I
have reviewed the office Privac	, acknowledge that I y Policy Notice for Craig P. Vacek, D.D.S., P.C.
Patient's Signature:	
Date:	
declined to do so.	ee to sign this form, our office must indicate why you
Reason for patient's refusal:	
Privacy Director's Signature:	