

PLEASE REVIEW AND INITIAL EACH SECTION

_____ It is my responsibility to pay for any portion that my insurance does not help me pay. When I pay my estimated portion at the time of service with **check or cash** I will be given a 7% discount with ending account balance \$0.00.

_____ I understand occasionally when a tooth has been diagnosed with decay, during the prep for the filling; additional decay is discovered necessitating a larger filling than originally scheduled. Treatment plans are as accurate as possible but occasionally there may be differences.

_____ Some insurance plans pay benefits for composite (WHITE-RESIN) fillings, others don't, and some pay for white fillings at the amalgam (SILVER) rate. I understand that Excellence in Dentistry doesn't do silver fillings.

_____ I understand Excellence in Dentistry will do all in their power to inform me about the amount of insurance I have used in their office, remaining benefits, deductibles and restrictions/waiting periods; I also understand that my insurance benefit is my responsibility. I will help the staff by sharing my plan information—booklets, notes, restrictions, waiting periods; and when I have been seen by a specialist.

_____ When I have fillings done the Dr. & his staff adjusts my bite before I leave the office. Sometimes when lying down people bite differently. If I experience cold sensitivity or pain after I'm not numb anymore---I will come back to the office for a complimentary adjustment (more than once if needed). I can stress my tooth (hot, cold, biting sensitivity, pain) if I ignore these symptoms.

_____ 3rd party financing is available through CareCredit for LOW or NO interest. Applications are available at the front desk. This is a convenient and helpful way to be able to complete all my work and to be able to make regular monthly payments.