

Cornerstone Family Dental
Financial Policy for Self Pay Patients
for patient: _____

Self Pay Financial Statement

Our office financial policy gives you these options for covering your dental care:

1. Discount of 5% when you pay in full by cash or check (excludes debit cards) on the day of service. Account must be in good standing to receive discount.
2. Visa/Mastercard/American Express/Discover/Debit
3. CareCredit – a credit card for health care offices with some interest free and some extended fixed interest plans, subject to credit approval. (applications available in the office)

Payment or CareCredit arrangements are ALWAYS due at the time of service. If unable to pay in full, please contact the office prior to the appointment to see if any payment arrangement is available for your visit. Any payment arrangement through the office is subject to a credit check.

We're glad to provide an estimate of fees for your upcoming appointment if you call in.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

Keeping appointments is vital. If appointments are missed with no notice or with less than 24 hours notice, we consider that a "failed appointment." Less than 24 hours notice is subject to a \$35.00 fee. Failing more than one appointment means we may ask the patient to seek care at a different office.