



ANGSTADT FAMILY DENTAL

TOMORROW'S DENTISTRY...TODAY.

WYOMISSING
85 Commerce Drive, Wyomissing, PA 19610

EXTON
319 North Pottstown Pike (Rt. 100), Suite #106
Exton, PA 19321

FINANCIAL OPTIONS FOR PAYMENT OF YOUR DENTAL SERVICES

Listed below are numerous treatment plan payment options that Eric R. Angstadt DMD, PC made available to help you complete your dental care.

- Cash or personal check
- MasterCard, Visa, Discover, and American Express
- Healthcare Loan Account(s) GE Credit Care or Capital one
- Diamond Credit Union (a local financial institution)

Please note that dental treatment initiated (such as crowns, veneers, bridgework, dentures, denture repairs, or orthodontic appliances etc.) which involves a secondary dental laboratories **requires that payment be made in full at the time the service is initiated** it because we incur all associated charges once the work is submitted to the secondary dental laboratories.

Patients also understand that once payment is received no refunds will be issued.

Please designate your choice of payment for dental services:

Cash
 Personal Check
 MasterCard Visa Discover American Express

Credit Card # _____ Security Code _____

Expiration Date ____ / ____ / ____

I would like to apply for a payment plan via CapitalOne, GE CreditCare, Diamond Credit Union, or Wells Fargo Health Advantage Card. These payment plans will allow you to start your treatment right away and make relatively small monthly payments. These are our office's form(s) of a gradual payment plan.

Statement of consent:

Our office does not accept dental insurance assignments as a form of payment. I understand that as a courtesy front desk personnel will assist me in filling out my insurance forms so that I can maximize my insurance benefits per visit, as well as annually. Once the claim has been processed by my insurance company, I will be reimbursed directly via mail. I also understand that a missed appointment fee of \$125 per half hour maybe assessed to my account in the event that I missed a scheduled appointment that has been confirmed without a minimum twenty-four (24) hour prior notice.

If in default on my account balance owed, I promise to pay any interest on the balance due, together with any collection cost and /or attorneys fees incurred in the collection efforts on my overdue account . A finance charge will be added to your account for the current monthly billing period if the balance is not paid in full within Twenty-five (25) days of the billing date. The finance charge will be a periodic rate of 1.5% per month which is an annual percentage rate of 18% applied to the last month's balance.

I fully understand the financial policy of the dental office of Eric R Angstadt DMD.

Patient Signature _____ Date _____

Signature of Guarantor of Payment _____ Date _____

Office Representative / Witness _____ Date _____