



FINANCIAL RESPONSIBILITY

Dear Valued Patient,

Chrysostom Family Dentistry is dedicated to providing you and your family with exceptional dentistry. Our continued education and latest technology assure you the best diagnosis possible.

Our dedication to you continues with our financial policy: Office policy is to **collect all out-of-pocket fees at the time of service** (day of your appointment and procedure).

Along with your treatment options printout, we gladly give you an *estimate* of insurance, when filing. Again, please take note; your estimated out-of-pocket fees are due when services are rendered. For those *not* filing insurance, our Dental Assistance Savings Plan is an option. We offer Care Credit or Wells Fargo applications as outside financing and all major credit cards, cash or check are also acceptable methods of payment. Further questions on payment and scheduling can be handled by any of the capable front desk staff. Thank you in advance for allowing us to give you proper oral care as we are determined to have you smiling proudly for years to come.

Patient or guardian signature

_____ Date _____