

Financial Policy

Thank you for choosing us for your dental care. Our mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, MasterCard, Discover, American Express
- No Interest Payment Plan from Care Credit

Please note:

Allen Berman, DDS and Michael Berman, DDS require payment upon completion of your treatment. If necessary, payment arrangements can be made in advance of treatment.

For patients with dental insurance, we are happy to work with your carrier and directly bill them for reimbursement for your treatment. The financial obligations for the treatment we render to you are your responsibility. In the event that your insurance does not pay anything, the entire amount will be your responsibility.

There is a charge of \$30.00 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help.

Patient, Parent or Guardian Signature _____

Patient Name (please print) _____

Date _____

05/12