



Financial Policy

Our office offers two different options in which your dental treatment can be paid. Please choose one of the following options:

Option one

You may pay in full at the same of service, after which we will submit your dental claim on your behalf and have the insurance company reimburse you.

Option two

As a courtesy to our patients NMFD will direct bill to your insurance company. For assignment of benefits we require a valid credit card to be kept on file.

I authorize NMFD to keep my signature on file and charge my credit card account for any balances not covered through my insurance company. e.g., deductibles, co-payment, plan maximums and allowed frequencies NMFD will attempt to contact all patients for any balances over \$50.00.

We require a minimum of two business days' notice per appointment should you need to reschedule or cancel your appointment. Your appointment is valuable time that the doctor has reserved specifically for you. In any case where insufficient notice is given or a missed appointment, **a \$75.00 fee will apply.**

Patient name:

Patient signature:



Cardholder's name:

Cardholder's signature:

Credit card #:

Expiry:

CVV#: