

JOHNSON CREEK DENTAL PAYMENT POLICY

I have dental insurance

I do not have dental insurance

Johnson Creek Dental would like to take the opportunity to inform you that dental insurance **may** cover most preventative care at no cost to you. However, all other routine procedures such as fillings and crowns, for example, require both a deductible and/or a co-payment for the procedure. If you have questions about your co-pay or deductible the office administrator will be happy to inform you of the estimated amount due at time of service. You are responsible for the amount the insurance does not cover.

- If you do not have dental insurance, you are responsible for the full cost of the appointment at the time of service.

- If you are a dependent on the insurance policy, you must be able to provide the primary insurance carrier's date of birth AND social security OR member I.D. number.

Fill out if you are **NOT** the Subscriber on the Insurance Plan:

Subscriber's Date of Birth: _____

Subscriber's S.S. # OR Member I.D. #: _____

If payment is required, which payment method do you prefer:

CASH

CHECK

CREDIT CARD/DEBIT CARD

CARE CREDIT

I would like to discuss payment options with the Financial Coordinator.

I have read and understood the Johnson Creek Dental Group payment policy and agree to its terms.

Sign: _____

Date: _____

Please list the name of your current employer: _____