

FINANCIAL POLICY

Payment is expected at the time of service. For your convenience we offer several payment options including cash, check, debit card (w/ Visa or Master Card logo), credit card and CareCredit.

If you are using Dental Insurance to help with payment, your co-pay will be due at the time of service. We will be happy to file your claim for you; however, your bill is ultimately your responsibility should insurance not cover the expected amount due.

For alternative payment arrangements we require that a valid credit card be held on file. Should you fail to meet your obligation, we may process your credit card for any outstanding balances. The card on file will also be used to pay for any failed appointments without a 2-day notice, last minute cancellations, and/or no-show appointments. We will never charge your card without first calling to notify you of the outstanding balance.

This policy is necessary for us to maintain the level of services and care that all our patients expect of us. If you have any questions about our financial policy, please feel free to contact our Front Office Administrator at your convenience.

Credit Card Type (circle one): Visa, Master Card, American Express, Discover, and CareCredit

Card Number: _____ Expiration Date: _____ / _____

CW code: _____ Card Holder's Name: _____

I authorize Luma Ajlouni, DDS to process any outstanding balances, cancellation fees without 2-day prior notice and/or no-show fees on my account to the credit card listed above.

Signature: _____ Date: _____

Print Name: _____ Date: _____