

**ACKNOWLEDGEMENT
OF
FINANCIAL POLICY**

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In the interest of good communication and our continued commitment to provide the highest quality of dental care available to all of our patients, we have established a Patient Financial Policy. It is our hope that this policy will facilitate open communication between us and help avoid potential misunderstandings, allowing you to always make the best choices related to your care.

We are committed to supporting you in understanding your dental health, and will always present you with the best dental solution possible to treat your personal situation. To make these services comfortably affordable, we are pleased to offer you the following payment options. Please select one:

1. Cash, Check, Debit
2. Visa, MasterCard, Discover, American Express
3. 90 day Payment Plan
4. CareCredit

We will, as a courtesy, process your insurance benefits in our office. Specific questions regarding your insurance benefits must be addressed to your insurance carrier.

I agree that I am fully responsible for the total payment of all procedures performed in this office—this includes any treatment that is not a benefit of any dental insurance that I may have. I understand that any estimated portion, not covered by insurance, is due at time of service for all services rendered. I understand that all services are due to be paid within ninety (90) days of date of service, regardless of whether or not my insurance benefits have been received. One and a half percent (1.5%) per month interest, eighteen percent (18%) per year will be charged on accounts 90 days from the treatment date. I also understand that should credit be extended to me by this dental office, a credit check will be made through TRW or other credit services and I authorize release of all financial data.

Signature (Responsible Party)

Date