RICHARD M. YARBRO DDS

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FINANCIAL POLICY

You are fully responsible for the total payment of all procedures performed in this office, which includes any treatment that is not covered by your dental insurance. Co-pays and deductibles are **due at the time of service.**

We are pleased to offer these payment options:

1. Payment with Visa or Mastercard

2. Payment plans are available through third party financing, we do **not** offer in-office financing.

We will, **as a courtesy**, process your insurance benefits in our office. However, our office is not responsible for verifying coverage with your insurance carrier. You will be responsible for any fees not covered by your insurance carrier.

Patients receiving any form of treatment that is processed by a dental lab must pay their balance in full **prior** to the delivery appointment. Failure to do so will result in a delay in treatment.

Any remaining balances must be paid within **90 days** of service. You will be charged 1% interest per month on account balances 30 days past due, and your account will be sent to a collection agency. Should this occur, you will also be responsible for any collection agency costs, court costs, attorney fees, or any other costs incurred from collecting the balance due on your account.

We strive to help you in any way possible. Please let us know if you have any questions and/or concerns with any of the above policy. Our goal is to provide you with the best service possible.

I, _____, have read and understand the above financial
Print Name
policy. I understand this policy applies to myself and any parties for which I am financially responsible.

_____ _____
Signature Date