



**FISHER & ZITTERICH**  
FAMILY | COSMETIC | IMPLANT  
DENTISTRY

## **Financial Policy**

Thank you for the opportunity to help you with your dental health needs. Our primary mission is to provide the best and most comprehensive dental care available. An important part of that mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

### **Payment Options:**

\* Cash, Check, or Personal Credit Cards

\* CareCredit

### **Please note:**

**Payment is required prior to the completion of your treatment.**

For large cases of treatment requiring more than 3 appointments, alternative payment arrangements may be provided.

For patients with dental insurance, we are happy to work with your carrier to maximize your benefits. If we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of that amount. Your estimated portion is due at the time services are provided.

**A fee of \$55.00 will be charged for patients who miss or cancel more than one time without a 48-hour notice. \$55.00 will be charged for returned checks.**

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**Patient, Parent or Guardian Signature**

**Date**