



SUNSET VALLEY DENTAL

Jedidiah L. Janisse DMD, MICOI, MaCSD
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Implant and Restorative Dentistry
Woodstock, VT 05091

Payment Policy

Thank you for choosing our office as your primary dental health care provider. We are committed to the success of your dental treatment and want to provide you with the best service possible. To help reduce our administrative costs and keep our fees to you at a minimum, we require payments to be made at or prior to the time that you (or your family members) receive treatment. Please indicate below your preferred method of payment.

My preferred payment option is:

- Cash
 Check
 Major Credit Card (Visa, MasterCard, American Express, Discover)
 Care Credit Payment Plans

A note for patients with dental insurance

Dental Insurance usually does not cover the total cost of your treatment. Based on your plan, we usually can estimate the amount of your co-payment. Your co-payment is expected when treatment is delivered. If your insurance company fails to pay within 60 days after we submit your claim, you will be responsible for the full fee.

Acceptance Agreement

I understand and agree with the above financial policy. I understand the parent or relative bringing a child for dental treatment is responsible for all fees incurred at that visit. I further understand that I am responsible for all fees, regardless of insurance coverage.

Patient/Responsible Party _____

Printed Name

Signature

Date

Woodstock, VT, 05091 Office Phone 1-802-457-1903