



Jedidiah L. Janisse, DMD

Margaret N. Janisse, DMD

Elena A. Fotiadis, DMD

217-10 Maxham Meadow Way Suite 104 C

Woodstock, VT 05091

802-457-1903 info@sunsetvalleydental.com

PAYMENT POLICY

Thank you for choosing our office as your dental health provider. We are committed to the success of your dental treatment and want to provide you with the best possible care. To help reduce our administrative costs and keep our fees to you at a minimum, we require payments to be made prior to, or at the time of service when you (or your family member) receives treatment.

We accept payment in the form of cash, check, or credit card. We participate with the following financial companies- Lending Club, Care Credit, Proceed, Cherry, and Alphaeon. You can ask our front desk for information on them.

A note for patients with dental insurance:

Dental insurance usually does not cover the total cost of your treatment. Based on your plan, we can sometimes estimate the amount of your copayment. We will submit to your insurance on your behalf and they will reimburse you the covered amount directly.

Acceptance Agreement:

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

Patient Name: _____

Name of Financially Responsible Person: _____

Signature: _____ Date: _____