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HEATON & FISCH DENTAL ASSOCIATES

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FINANCIAL/PAYMENT POLICY FORM

We would like to take this opportunity to thank you for being an important member of our dental family and assure you of our continued commitment to excellence. In order to keep our fees from increasing considerably and by minimizing the expense of billing and accounting, we have chosen to offer our patients three new financial options. We appreciate your assistance in making this transition to better serve our patients.

- Effective immediately, all fees less than \$300 will be due and payable at the time of treatment. We accept cash, check and credit card. Financial options are available through our financial coordinator for any fee greater than \$300. If you need payment arrangements, they must be made prior to treatment.
- Our office will continue to file your insurance claims but we can wait no longer than 60 days for the payment from your benefit plan (insurance is typically paid within 30 days). Our office will notify you of any non-payment or balance due and ask for the balance to be paid within 15 days.
- For patients who need extended payments beyond 90 days, we are pleased to offer a finance plan through Care Credit for 12 months interest-free on approved credit for fees greater than \$300. We will be happy to explain this plan and assist you with the application process.

We appreciate your support of our need to make these changes. Please sign below to acknowledge notification of our financial/payment policy.

Dr. Judith M. Fisch, Dr. David K. Heaton and Staff

Name _____

Signature _____

Date _____

Family members which you are financially responsible for: _____

PLEASE RETURN SIGNED COPY TO THE ADDRESS ABOVE. THANK YOU.