

GEORGE R. COOPER, D.D.S.
2121 E. Dupont Road, Suite E
Fort Wayne, Indiana 46845
(260) 489-1508

FINANCIAL POLICIES

Payment for the day's services will be expected at the time of your visit. This may be in cash, by personal check, VISA or MasterCard.

Since most dental insurance companies do not cover 100% of dental treatments, please be prepared to pay your deductible at the time of your visit. Please bring in your dental claim form with the personal information section completed. We will be happy to submit your claim to your insurance company. If you prefer to submit your own claims, we will attach our insurance statement and you simply send the form in to your insurance company.

When necessary, because of extensive dental work required, we would appreciate a third of the total fee at the start of treatment. Our policy is to have full payment within 90 days.

Please further understand that a 1 1/2% monthly finance charge (18% annually) or a billing fee may be added to any balance which exists over sixty (60) days, for those who have not made financial arrangements. In the event of default, the patient promises to pay such collection costs, reasonable attorney fees, and court costs as may be required to affect collection of the indebtedness.

We will be happy to answer any questions you may have and help you understand your insurance procedure. We want to make every effort to make payment as convenient as possible.

Thank you.

Signature: _____

Date: