



Robert F. Faulkner, D.D.S., Inc.

Maxillofacial Prosthodontist

Office Financial Policy

## DENTAL INSURANCE

As a courtesy to our patients, we will complete and submit insurance forms relative to dental treatment without charge. We will submit a “pre-determination” or “pre-authorization”, if requested, to ascertain your out-of-network insurance benefits.

## OFFICE PAYMENT PLANS

Our professional treatment is rendered to you, not the insurance company. You are responsible to us for the obligation of payment for treatment. Your insurance company will reimburse you directly at the completion of treatment according to the terms of your policy. You can be assured that we will do our best to see that you receive full benefits within the structure of your particular dental plan. However, ultimate responsibility for payment is yours and financial arrangements must be defined before dental treatment begins. Our practice does not accept assignment of benefits and we cannot submit claims to Medicare or Medicaid.

### Office Payment Plans:

- 1) Payment is due at the time services are rendered.

*We accept Check, Cash, Visa, MasterCard, American Express, and Discover*

### To finance payment beyond the completion of treatment:

- 2) Care Credit financing is available, if eligible

*We offer 6 and 12 Month deferred interest plans with Care Credit  
Promotional term availability is dependent upon amount financed*

- 3) Lending Club financing is available, if eligible

*We offer 6 and 12 Month no interest plans with the Lending Club  
We offer up to 60 months extended payment plans as low as 3.99% - 19.99 % depending upon  
applicant's credit and term selected*

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Patient Printed Name

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Patient Date of Birth

**I acknowledge that I have read and understand the Office Financial Policy for ROBERT F. FAULKNER, D.D.S., INC.**

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Responsible Party Printed Name

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Responsible Party Signature

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Date