

**LISA A. BLOCK, D.M.D., M.S.**

*Dentistry for Children and Adolescents*

**3519 56<sup>th</sup> ST NW, SUITE 140  
GIG HARBOR, WA 98335**

**(253) 858-8581**

**FAX: (253) 858-2189**

**OUR FINANCIAL POLICY**

We realize that every family's financial situation is different. For this reason we have worked hard to provide a variety of payment options to help your children receive the dental care needed to enjoy good dental health with respect to your budget.

**PAYMENT OPTIONS:**

Payment for dental treatment is due at the time of treatment. This office does not offer private payment plans.

**CASH or CHECK**

We offer a 10% discount for payment in full at the time of treatment.

**CREDIT CARDS**

We are happy to accept payment by MasterCard, Visa, Discover or American Express.

**DENTAL INSURANCE:** We will file the necessary forms to see that you receive the full benefits of your coverage; however we make no guarantee of any estimated coverage. Because the insurance policy is an agreement between you and your insurance company, we expect all patients to be responsible directly for all charges. If for some reason your insurance has not paid their portion within 60 days from the date of service, you are responsible for payment at that time. The portion of treatment that is not covered by dental insurance is payable at the time of treatment.

**CANCELLATIONS:** Broken appointments of any kind are costly to all of us, please give us 48 hours cancellation notice in advance if you need to reschedule an appointment. A broken appointment without notification is subject to a \$50.00 service fee.

Please feel free to call us at anytime if you have any special concerns regarding your child's dental health care or account status. Please sign below to indicate that you have read and understand our office policy. We will be happy to answer any questions you may have.

I have read this Financial Policy. I understand and agree to this Financial Policy.

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**