



Pompano Beach Periodontics

Practice Limited to Periodontics and Dental Implants

Jason Witonsky D.M.D., M.S

FINANCIAL CONSENT

- The undersigned agrees to be responsible for all dental, surgical, and laboratory expenses incurred.
- The undersigned agrees to pay said charges in a timely manner immediately upon receipt of statement charge.
- Patient is responsible for payment in full, regardless of insurance payment.
- Any cost incurred to collect outstanding balances will be the responsibility of the patient. Our collection agency may charge up to 50% of the outstanding balance in addition to other court/legal fees.
- Be advised the policy of this office charges 1.5% interest per month for any outstanding balances over 30 days.
- There will be a \$50.00 handling fee for any returned checks. No future check payment will be allowed from patients penalized for any returned checks.

INSURANCE ASSIGNMENT

If this office is able to accept your insurance company's assignment, it does not absolve the patient of full responsibility for the charges in full for the treatment rendered. The estimate provided by the office is considered a guideline until the final insurance payment is received, and the patient's account has been reconciled. This office can make no guarantee of the insurance payment estimated. Claims are submitted promptly after treatment is rendered. We are always available to answer your questions.

I certify I have read, understand and have agreed to the above statements.

Patient Signature

Date

Witness

Date

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