Cleona Dental, LLC

221 W. Penn Ave. Ste 213

Cleona, PA 17042

717-272-8500

Financial Agreement for Cleona Dental, LLC

This Agreement is to inform you of your financial obligation to our practice. This financial agreement is intended to facilitate our ability to provide excellent service to you while minimizing our administrative cost.

We will be happy to bill your insurance company on your behalf (we are unable to bill Medicaid, Highmark Wholecare or any other state insurance). However, all charges you incur are your responsibility regardless of your insurance coverage. Your insurance policy is an agreement between you, your employer and the insurance company. Out practice is not a party to that agreement.

Payment is due in full at the time of service. We do have payment plans we offer to help with the cost of your appointment such as Cherry and Care Credit.

Our practice accepts cash, personal checks, Mastercard, Visa, American Express, and Discover. Return checks will be subjected to a fee of $25.00.

Please do not hesitate to ask if you have any questions regarding this financial agreement. We are committed to providing you with the ultimate experience in dental care.

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Date

_____

Print name of patient or responsible party

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Signature of patient or responsible party