

**WILFREDO RODRIGUEZ, PA DBA EAST WEST DENTAL 201 S.
SEMORAN , ORLANDO FL. 32807**

PAYMENT OPTIONS

Payments are due when services are rendered. We will provide you with an estimate prior to beginning treatment.

We offer financing to patients through Care Credit if you qualify

Application can be completed in a few minutes and submitted for approval while you wait.

We prefer New Patients to use their ATM or pay cash for their treatment.

Major credit cards are also accepted.

PATIENTS WITH DENTAL INSURANCE

We estimate your insurance benefits on your planned dental treatment. And estimated patient co-pay will be determined for you and will be due when these services are rendered.

YOU THE PATIENT, ARE ULTIMATELY FINANCIALLY RESPONSIBLE FOR THE DENTAL TREATMENT RENDERED. OUR AGREEMENT IS WITH YOU, NOT YOUR INSURANCE COMPANY.

Our estimate of your insurance benefits is based on information about policy and is just an **ESTIMATE**. **Any payment you receive from the insurance must be forwarded to our office.**

BROKEN APPOINTMENT POLICY

We expect a **24-48 hours** notice for you to reschedule your appointment. This will allow us to give this time to another patient.

PATIENT WHO CANCEL OR RESCHEDULE WITHOUT SUFFICIENT NOTICE IS SUBJECT TO A CHARGE OF \$25.00 PER HALF- HOUR OF APPOINTED TIME.

Patients may be dismissed from the office after 3 missed or cancel appointment on the same day.

DISCOUNTS FOR PRE-PAYMENT OF SERVICES

Patients are eligible for discounted fees on total treatment. Discounts range from 5% to 10% depending on the total cost of planned treatment. Payment must be made prior to beginning treatment to receive this discount.

RELEASE OF DENTAL RECORDS

I acknowledged that I will be charged copying costs in the amount of \$1.00 per page and \$25.00 per set X-rays requested.

DEFAULT OF PAYMENTS

In the case of default of payment, I promise to pay any legal interest on the balance due, together with any collection costs and reasonable attorney fees incurred to effect collection of this account or future outstanding accounts.

Signature of Patients or Responsible Party

Date