

Financial Consent Form

Thank you for choosing Oxford Family Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

Cash, Check, VISA or MasterCard

Convenient payment options are available through CareCredit*. Visit CareCredit.com on the web or speak with any of our staff for more information on the financing plans available.

Please Note:

- Oxford Family Dentistry requires payment at the time of your treatment.
- We accept payments in thirds for treatments over \$1,000.00
- For patients with dental insurance we are happy to work with your carrier to maximize your benefits and directly bill them for reimbursement for your treatment**

Attention Check Writers: We gladly accept your checks. When you provide us a check as payment, you authorize us to use information from the check to make a one-time electronic funds transfer from your account, or to process the payment as a check transaction. Collection of any unpaid item is resolved by FARS (Federal Automated Recovery Systems). You authorize us to collect a fee of \$20 (plus a bank fee if allowed by your state law) through electronic payment transfer from your account if your payment is returned unpaid.

If you have any questions please don't hesitate to ask. We are here to help you arrive at the treatment path that will best suit your needs.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

* Subject to credit approval

** However, if we do not receive payment from your insurance carrier within 30 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.