

Corey G. Warrenbrand, DMD

Financial Policy

Patient Name: _____ Date: _____

Dental treatment is an excellent value and investment in an individual's medical and psychological well-being. We do not want financial considerations to be an obstacle in obtaining this important health service. We accept and file dental insurance on your behalf. Insurance estimates are never a guaranteed amount. We calculate insurance estimates based on the information provided to us by your insurance company. Your portion of the estimate will be due at time of service. Any balance after insurance payment is received will be your responsibility. We are sensitive to the different needs our patients have in fulfilling their financial obligation and therefore provide the following payment options:

Payment Options

Please indicate your preferred method of payment:

Cash or Personal Check

Credit Card

Monthly Payments

(Available for balance over \$500, please inquire with Treatment Coordinator)

Thank-you

Date: _____

Patient Signature