

JOHN G. PORTSCHY, D.D.S., P.C.

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IMPLANTS
COSMETIC DENTISTRY
CROWN & BRIDGE

MINOR ORTHODONTICS
DENTURES
FAMILY DENTISTRY

FINANCIAL POLICY

We are committed to meeting your health care needs. Our goal is to keep your insurance or other financial arrangements as simple as possible. In order to establish this in a cost effective manner, we ask that you adhere to the following guidelines:

1. Payment is expected at the time of service.
2. We will file your insurance for you. You will be expected to pay your estimated portion that exceeds insurance limits at the time of service. After insurance has settled and there is a remaining balance you will be responsible to take care of that balance within 60 days of date of service.
3. Please inform us of any changes in your dental insurance before each appointment.
4. We do not offer payment plans. However, if you do not have dental insurance and affordability is an issue, we offer Care Credit, which is a financing company for dental care. Please ask our front office staff for additional information regarding this option.

I acknowledge that I understand and accept this financial policy. I hereby consent for Dr. Portschy and his staff to disclose my health information to carry out payment activities in connection with any dental claims. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to John G. Portschy D.D.S.

Signature _____ Date _____

We are delighted you have chosen this office to take care of your dental needs!