



FINANCIAL CONSENT FORM

Name: _____

Thank you for choosing the office of Suveetha K. Mikkili, DMD. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is to make the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment options:

You can choose from:

- Cash, Check, Visa, or MasterCard
- We offer a 5% courtesy cash discount adjustment to patients who pay for their treatment with cash or check the day of service for treatment plans of \$250.00 or more.
- No interest payment plans from Care Credit are available for 3 months.
 - They allow you to pay overtime
 - Convenient low monthly payment plans are available
 - No annual fees or pre-payment penalties.

For patient with dental insurance, we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. However, your portion is due at the time of service.

A fee of \$50.00 is charged for patients who miss or cancel more than 2 times in a 12 month period without 24 hour notice.

There will be a \$40.00 fee for returned checks.

PATIENT RELEASES:

I understand that in the care of default of payment on this account, I promise to pay any legal interest on the balance due, together with any collection costs and reasonable attorney's fees incurred to effect collection on this account.

SIGNATURE _____ DATE _____