



DRS. MILLER & BEITZ

Implants and Periodontics of Richmond

Financial Arrangements for Surgical Procedures

Drs. Miller & Beitz are proud to be a team whose primary mission is to deliver the finest and most comprehensive periodontal services available today. We are concerned about your dental care and want to ensure it is performed in the most responsible manner. In order to assist you with the investment in your dental health, we have outlined our office's financial arrangement options.

Dental Insurance: Patients with insurance coverage are asked to pay one third of the cost of surgery on the day of the procedure. Your insurance claim will be submitted with all pertinent information and we will follow up to make sure your claim was received for processing. Once your insurance company has reviewed and completed the claim, the balance becomes your responsibility. The balance can be paid in full or a three month payment plan can be arranged.

Options for Uninsured Patients

Option 1: 5% Courtesy

For our uninsured patients, we offer a 5% courtesy on surgical procedures for payment in full made by cash or check on the day of your procedure.

Option 2: Credit Card Payment in Full

We accept Visa, MasterCard, and Discover.

Option 3: Account Payment Plan Secured by Credit Card

This plan allows for equal installments to be paid over a period of three months. The first payment of one-third is due at the time of treatment, the second payment is due one month after treatment, and the third and final payment is due two months after treatment. Visa, MasterCard and Discover are accepted and will be automatically debited on your specified day of the month through our secure encrypted credit card processing system.

Option 4: Outside Financing

If you need to make long term payments, we offer financing with Care Credit. We have arranged for interest-free six- and twelve-month payment plans with a minimum of \$1,000.00. We are happy to help you fill out an application. You must qualify in order to use this financing option.

Please mark the option you wish to use for payment and sign and date below.

Signature: _____ Date: _____