

**FINANCIAL POLICY**  
**VERY IMPORTANT, PLEASE READ**  
**CAREFULLY AND SIGN**

**Marietta Dental Associates**  
**644 Cherokee Street**  
**Marietta, GA 30060**

We require that services be paid in full. For crowns, bridges, partials, dentures, root canals, or any major service, you may pay half at time treatment is started and half when completed. The balance must be paid upon completion of the treatment which sometimes may just take **one visit**.

Flexible Monthly Payment Options through *Chase Health Advance* is a financial payment option. They can be reached by phone at 1-800-510-5638 or go on line to [www.chasehealthadvance.com](http://www.chasehealthadvance.com). It is the patient responsibility to call and get this set up before treatment begins. The total amount of your treatment will be needed when you call Chase. This is not a credit card, it is a loan for the treatment needed. They do offer 12 months, no interest. If you have dental insurance, we will file it for you, but the insurance payment will be sent to you, not us.

For your convenience, our office accepts Visa, Mastercard, American Express, Discover, ATM Debit Cards, cash or checks. We will gladly accept assignment of insurance from our patients, however please understand that our charges are YOUR personal responsibility. You will be asked to pay your estimated portion at each visit. Again, we can only estimate the patient portion, which means once the insurance pays, there may be a balance. This balance MUST be paid in full within 60 days from the date your service is provided, or **we will not be able to accept your insurance in the future**. IT IS VERY IMPORTANT THAT YOU FOLLOW UP WITH YOUR INSURANCE COMPANY IF THEY DO NOT PAY IN A TIMELY MANNER.

**I have read and understand Marietta Dental Associates' financial terms.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_