

PAYMENT POLICY

Thank you for choosing Jon A. Ruel, DMD as your dental health care provider. We are committed to the success of your dental treatment and want to provide you with the best services available. To help reduce administrative costs and keep our fees to you as low as possible, we require payments to be made at the time that you (or your family members) receive treatment. Please indicate below the method of payment you intend to use.

A NOTE FOR PATIENTS WITH DENTAL INSURANCE

Jon A. Ruel, DMD is not a participating provider of any insurance plans with the exception of UCC ADDP for Active Duty Military Members. As a courtesy, the staff of Jon A. Ruel, DMD will submit your dental claims on your behalf. All insurance benefits will be paid directly to you.

MY PREFERRED PAYMENT OPTION IS:

_____ **CASH**

_____ **CHECK**

_____ **MAJOR CREDIT CARD (VISA , MASTER CARD, AMEX ONLY)**

ACCEPTANCE AGREEMENT

I understand and agree with the above financial policy. I further understand that I am responsible for **ALL** fees, regardless of insurance coverage.

Patient/Responsible Party: _____

PLEASE PRINT NAME

PLEASE SIGN

DATE