



Dr. Frank R. Galka

Don't Wait Till It Hurts!

FINANCIAL POLICY

We are committed to provide you with the best possible dental care. As your healthcare provider it is our responsibility to diagnose and treat your dental needs.

We provide our professional opinion and use the most current technology to provide these services. We will not sacrifice your oral health based upon what an insurance company deems appropriate.

Ultimately, it is your responsibility to know your insurance, including yearly maximum and coverage.

By consenting to have treatment, you consent to pay our fee when service is rendered, regardless of insurance coverage, unless prior payment arrangements have been made and approved in writing. We gladly accept Visa, MasterCard, Discover, American Express, checks or cash. For larger amounts, we also offer financing through Care Credit. Your deductible and co-pay (estimate %) is due at each visit.

We require a 48-hour (2 days) courtesy cancellation notice. Monday cancellations require a 72-hour (3 days) courtesy notice. An appropriate fee (depending on the length of the failed appointment) will be charged if this policy is abused.

I have read the above and understand the Financial Policy.

Patient/Guardian's Signature

Date