

FAMILY AND COSMETIC DENTISTRY  
BRENT CRAWFORD, DDS  
Dr. David Maloley, DDS

FINANCIAL POLICY

Please read and sign this Financial Policy Statement.

Insurance companies are a supplement to dental treatment. Please provide our office with an insurance card and subscriber information for us to assist you with this information.

The charges made for your visit depend on the nature and the complexity of your situation. If you have any questions regarding the charges incurred for any visit, please contact our office.

Brent Crawford, DDS does not participate with any insurance company. The patient will be responsible for payment not covered by your insurance carrier. Our office will attempt to estimate your co-payment prior to treatment, but will not enter into a dispute with your insurance company over any claim, although we will provide necessary documentation your insurance company requests.

If you decide to have procedures performed or services rendered which are not covered procedures under your insurance policy, you agree to pay Brent Crawford, DDS PA directly for those charges at the time of service.

Any charge that becomes sixty (60) days old without satisfactory payment provisions having been made will be considered delinquent. Brent Crawford, DDS reserves the right to turn over delinquent accounts to a debt collection agency.

There will be a \$25.00 service charge on all returned checks. Balances older than sixty (60) days may be subject to finance charges at the rate 1.5% per month. Additionally, charges may be incurred for broken appointments.

I have read, understand and agree to abide by these Financial Policies

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Patient/Guardian Signature

Date