Edward R. Fritz, D.D.S., P.C.
2830 E Brown Rd #9
Mesa, AZ 85213
480-830-2273

Payment on all accounts is expected at the time of service unless other arrangements have been made **IN ADVANCE.**

Payment Options (subject to approval):

(1) Payment at the time of service by cash, check, or credit card.

(2) Extended payments:
With approved credit we are able to offer you up to 12 months **interest free** payments. Longer payments may be arranged, but interest will be charged on any payments plans beyond 12 months in length. All payment plans require completion of an application form and approval **before** treatment will be started.

Dental Insurance:

Just like you, we expect to be paid in a timely fashion for the services we provide. Please realize that your insurance contract is a legal contract between your insurance company, your employer, and you. We are not part of this contract. Our agreement is with you and it is your legal responsibility to see that your account is paid in a timely manner, including any amounts which your insurance does not cover. We offer two choices for our clients with insurance:

(1) You may pay for your account yourself in full using any of the payment options listed above. We will be happy to process and submit your insurance forms for you, and to assist you in obtaining the maximum reimbursement which your insurance contract allows. The appropriate discounts as outlined below w8lll apply to anyone choosing this option.

(3) You may choose to have us file your insurance forms for you and assign payment of benefits to our office. You will be responsible for payment of any deductible and **estimated** co-payments at the time of service. Any insurance balance remaining **60 days** after the claim has been submitted will at this time become your responsibility as well. Discounts do not apply to any of the amounts in this option.

Discounts:

10% senior citizen discount for payment **in full** at beginning of treatment

Cancelled and Missed Appointments:

We require a **minimum of 24 hours** advance notice if you are unable to keep your scheduled appointment. Because this time has been reserved especially for you, you will be charged any missed or cancelled appointments when less than 24 hours notice is given.

I have read and understand the financial policies of this office as described above.

Signed:_____ Date:_____

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Patient Consent Form

Photographs

I hereby give my consent to Dr. Fritz to take dental photographs. I understand that these photographs will be used for educational purposes only, and will remain a part of my confidential records.

_____

Signature Date

I do not wish to have dental photographs taken.

_____

Signature Date

Dental Assisting Students

I hearby give consent to Dr. Fritz to allow dental assisting students to participate in providing dental services which I may require. I understand that these students will be supervised at all time, and will participate only in procedures as legally permitted by the Arizona State Board of Dental Examiners.

_____

Signature Date

I prefer that students not participate in my dental care.

_____

Signature Date