



ANN MARIE HOFBAUER, DMD
PERIODONTICS & IMPLANTOLOGY

FINANCIAL STATEMENT

In our continued commitment to provide you with quality dental care and to offer affordable services, we are asking that you pay your estimated patient portion at time of service. If you have dental insurance we will be happy to assist you in billing them.

When appointments are scheduled, we have reserved that time for you. If for any reason you need to reschedule with less than 24 hours' notice or miss your appointment, we will ask for a \$50.00 reservation fee to hold your rescheduled appointment.

We accept the following as forms of payment:

Cash

Check

Debit Card

Credit Card: Visa, MasterCard, American Express or Discover

CareCredit® Financing

Patient Acknowledgement:

I understand the financial agreement regardless of insurance I am responsible for the balance of my account.

Patient Name

Name of Responsible Party

Signature of Responsible Party

Date

Updated July 14, 2016