

Financial Agreement

We offer 2 different options in which your dental treatment can be paid. Please choose one of the following two options:

Option 1: You may pay in full at the time of the service, after which we will submit your dental claim on your behalf and have the insurance company issue the cheque directly back to you.

Many of our clients use a point's type credit card with this option so they can redeem points

Option 2: Direct billing – If you would like us to bill directly to your insurance company, we will ask you to fill out a credit card authorization form at the time of appointment. Your credit card information will be collected and kept in your files.

All dental procedures in our practice are treatment planned based on the dental needs of the individual patient not limited to the benefits extended to the patient by their insurance provider.

Insurance Authorization

I hereby authorize payment directly to Tooth Suite Family Dentistry, for services rendered, otherwise payable to me. I authorize the releases of any information relating to my dental claims through this office.

Print Name

Authorized Signature



Date