

McNiel Family Dentistry, PC.

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**BEFORE FILLING OUT: *Computer Users: Download PDF & open in Acrobat *Mobile Users: 1. Download Adobe Acrobat Reader app
2. Import to Acrobat
3. Fill & Sign**

Financial Policy

We appreciate the opportunity to serve you! We've found that a clear understanding of our financial policy in advance of dental care helps to relieve some of the anxiety associated with dental visits.

Patients without insurance coverage need to know . . . The fee for the treatment rendered must be paid in full on the day of service.

Patients with insurance coverage need to know . . . The estimated patient copay and deductible for the treatment rendered must be paid in full on the day of service. Please understand that you are ultimately responsible for all fees generated by your treatment.

We accept Care Credit, Cash, Checks, Discover, MasterCard or Visa for payment of the amount due. We do not accept American Express.

McNiel Family Dentistry, PC reserves your appointment time exclusively for you; we don't "double-book" and keep extra patients waiting in case you can't come. Please be considerate.

Two business days notice is required for rescheduling appointments. A \$75 to \$100 fee, depending on the amount of time that was reserved for you, will be applied to your account for rescheduling, canceling or failing to show up for your appointment without 2 business days notice.

By signing this agreement, you consent to treatment by McNiel Family Dentistry, PC and staff and agree to pay for all services that are received. Once you have signed this agreement, you agree to all the terms and conditions contained herein and the agreement will be in full force and effect.

Patient Name:
Last First MI Preferred Name

I have read the above conditions of treatment and payment and agree to their content.

Signature of patient, parent, or guardian (responsible party):

Signature: _____

Date:

Relationship to Patient:

Click SUBMIT button to send your completed form to our office (only works in Adobe Acrobat).

Response Date: _____

If you're having problems, please give us a call at 517-351-6140