

**Anzalone Periodontics  
Dr Jeffrey V Anzalone**

**Financial Agreement**

1. All visits are Cash, Check, Visa, MasterCard, American Express or Discover.
2. **You will be charged a consultation/examination charge the first visit.**
3. We are providers with **Delta Dental** only; we are not contracted with any other dental benefits program.
4. Accounts with a balance after 60 days will require monthly payments in order to keep in good standing. There is also an interest charge at the rate of 1.5% per month on accounts over 60 days along with any accrued collection fees.
5. For **Delta Dental** patients; any balance due after the insurance has been paid is due at that time.
6. It is the policy of this office not to be involved in divorce cases. The parent that brings the patient in and signs the patient survey sheet will be responsible for the account balance.
7. Other financing is available through the following:  
  
    **Care Credit-** application is taken over the telephone (800-365-8295), or on our website at [www.anzaloneperiodontics.com](http://www.anzaloneperiodontics.com) or on their website at [www.carecredit.com](http://www.carecredit.com) and approval is given at that time. They offer interest free rates.
8. As a courtesy to our patients, we will file dental claims to your dental benefits provider. A 20% Deposit is required to schedule treatment and the difference is due the day of the surgery.
9. We **ARE NOT** Medicaid nor Medicare providers.

I have read and understand the financial obligation and treatment policies for my dental treatment for the office of Jeffrey V. Anzalone DDS.

Signature of Patient/Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_