

**JAMES E. METZ, DDS, INC
THE METZ CENTER, INC**

FINANCIAL POLICY

Thank you for choosing us to provide your dental care. It is our goal to provide the finest quality dental care to our patients and their families. Your understanding of our office policies is important to our professional relationship.

Required at each visit:

- Provide current personal information at each visit
- Provide current insurance card at each visit
- Payment of any outstanding balance
- Payment for today's visit

Insurance Plan:

Your insurance plan is a contract between you, your employer and the insurance company. We are not a party to that contract. While the filing of insurance claims is a courtesy that we extend to you, all of the charges are your responsibility from the date that the services are rendered. We do ask that you pay at the time of service. We will bill your insurance and request that they remit the check directly to you.

Methods of payment:

Cash/Check – If you make your payment in full at the time of service, we will allow a 7% courtesy for payment by cash or check.

Credit Cards – We accept Visa, MasterCard, Discover and American Express. If you pay for your services in full at the time of service with a credit card we will allow a 5% courtesy.

Care Credit – An outside source of financing for your dental treatment. Please ask us.

Signature _____ Date _____

Thank You,

James E. Metz, DDS