

Pediatric Dentistry
John W. Bishop, D.D.S.*
Carlos A. Bertot, D.M.D.*
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Pediatric Dentistry of Central Florida
BISHOP • BERTOT

Orthodontics
John R. Smith, D.D.S., M.S.D.

OFFICE FINANCIAL POLICY AND OPTIONS

In our continued commitment to provide the highest quality of dental health care available to all of our patients and to have those services be comfortably affordable, we have made certain changes in our financial policy that will create the maximum flexibility for our patients' individual needs. We do not want financial considerations to be an obstacle to your child's care. Please select by **initialing** the most appropriate financial option:

_____ Payment in full as services are rendered
(Cash, Check, MC, Visa or Discover)

_____ Payment in full as services are rendered and we will file your dental insurance for your reimbursement.

_____ Finance Option
We have options that are available for you to choose from. All options are from outside banks and financial institutions.

_____ Insurance Benefits
We are not contracted with any insurance companies, but we will, as a courtesy, process your insurance benefits in our office, relieving you of this time consuming and complicated burden. *By selecting this option, you agree to assign benefits to our office and further agree to provide a credit card to be kept on file with our office. **The parent or guardian is responsible for payment in full regardless of insurance benefits. Insurance benefits vary among dental insurance companies and any unpaid claim or balance thereof is the responsibility of the parent or guardian.** Permission is granted to charge your card for any remaining balance still due thirty (30) days after treatment is rendered.*

MC / VISA / DISCOVER # _____

EXP. _____ SECURITY CODE _____

We are very pleased that we can offer you a more affordable payment method to assist you in meeting your child's dental health needs

ACCOUNT/FAMILY NAME: _____

Signature _____ Date _____