

David F. Randolph, D.M.D.
1779 S.W. Barnett Way, Ste. 101
Lake City, Florida 32025

FINANCIAL POLICY

It is our office policy that ALL treatment be PAID IN FULL at time of service.

If you have dental benefits, or have had a change in your benefits, you will need to provide us with verification prior to any treatment being rendered. Once we have received verification from your insurance company your co-payment will be due at each appointment. Any discrepancies in your co-payment will be due at your next appointment or next billing cycle, whichever comes first.

I understand that dental insurance is a benefit and that I am ultimately responsible for all charges.

Financing may be arranged through CARECREDIT. If you would like additional information please see the front office staff.

Any accounts exceeding 90 days will be subject to further collection proceedings.

Appointments that are failed or cancelled, without providing the office with the required 48 hour notice, will be subject to a \$25 fee. This fee is assessed at the discretion of the office.

There is a \$35 fee on all returned checks.

No treatment will be rendered until the above financial policy has been signed and dated. By signing this, you certify that you have read, understand and agree to the above conditions.

Signed _____ Date _____