



1181 State Route 356
Leechburg, PA 15656
724-845-1041

Office Financial Policy

Our office is committed to providing you with the best possible care. Please understand that payment of your bill is also considered as part of your treatment. We have instituted the following financial office policy, which we require you to read and sign.

- Co-Payment for services is due the day of treatment.

Your insurance is a contract between you and your carrier. We are not party to that agreement. All patient out-of-pocket fees are due at the time services are rendered. As a courtesy, our office can perform an insurance pre-determination on major restorative dental treatment. We will submit your claim to your insurance carrier. However, dental insurance policies are ever changing, and we do our best to give you an **estimate** of what your out-of-pocket expenses will be. For your convenience, we accept Cash, Checks, Debit Cards, Visa, MasterCard, Discover and Care Credit.

Please ask our front office team any questions or concerns regarding payment or financial arrangements prior to your scheduled appointment.

I have read and understand the Financial Policy. By signing, I agree to the policy and give permission to Oakmont Advanced Dentistry to bill my insurance if applicable.

Patient Signature

Date