



FINANCIAL POLICY

All procedures involving lab work will require 50% down payment, the remaining 50% balance will be due as treatment progresses.

If you are having extensive treatment over a period of time, we request payments during the course of treatment.

Patients WITH Insurance Coverage:

We do not belong to any insurance network, but we will gladly submit your claims to help you obtain the appropriate benefits from your insurance carrier as a courtesy to you. However, you are responsible for the payments of your account. We can request a pre-estimate of benefits from your insurance carrier at your request.

Patients WITHOUT Insurance Coverage:

Patients without insurance coverage are required to pay for services as rendered. We accept Cash, Checks, MasterCard, Visa, American Express, Discover, or Debit/ATM cards.

Payment Options

Please check below, the option(s) most convenient for you to settle, in full, the day of treatment:

- Cash/Check** _____ **Exp:** _____ **CVV:** _____
- American Express** _____ **Exp:** _____ **CVV:** _____
- Visa** _____ **Exp:** _____ **CVV:** _____
- Master Card** _____ **Exp:** _____ **CVV:** _____
- Discover** _____ **Exp:** _____ **CVV:** _____

Initials _____ **Date** _____

I have read and understand Dr. Richard H. Berman's Financial Policy.

Signature of Patient / Parent or Guardian (if minor)

Date