

**TIMOTHY C. RANDALL, DDS, APC**

**(949) 348-7660**

**FINANCIAL POLICY**

**We are willing to make firm financial arrangements with patients of good credit. A written treatment plan with fees will be given to you prior to treatment. In order that we may avoid misunderstandings, we want our patients to know:**

- 1. Payment will be expected at the time services are rendered unless prior arrangements are made with the financial Secretary.**
- 2. All dental services are charged directly to the patients' account and the patient is directly responsible for charges incurred.**
- 3. Should you have dental insurance, we would be pleased to prepare reports and claim forms to assist you in obtaining your benefits.**
- 4. It must be understood that dental services cannot be rendered on the assumption that our charges will be paid by an insurance company. Each fee charged is the responsibility of the patient.**
- 5. The investment necessary to complete your dental treatment is an estimate based on information gained from our examination. should additional problems arise as treatment progresses, this estimate may have to be revised. You will be informed before any unexpected treatment is undertaken.**
- 6. We reserve the right to charge for appointments cancelled or broken with less than 48-hour advance notice, at minimum \$50.00/hour.**

**I, \_\_\_\_\_, HAVE READ AND UNDERSTOOD THIS DISCLOSURE STATEMENT.**

**PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**SECRETARY \_\_\_\_\_ DATE \_\_\_\_\_**