



Dr. Louise C. De Felice, DDS
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Financial Guidelines for DeFelice Dentistry

We appreciate every single patient and realize dental work can be a significant expense yet a crucial investment in one's health. We are committed to providing the best possible dental care and are here to help support our patient's oral health needs. It is important that all treatment needs and financial responsibilities are fully understood prior to beginning treatment. We strive to accurately predict the cost of dental care and work within our patient's budget.

Below is our financial policy:

- If the patient has insurance:
 - We will bill it as a courtesy to them.
 - The estimated patient portion is due at the time of service.
- If the patient is self-pay (no insurance):
 - At least half of the procedure fee is due at the time of service.

We offer the following payment options:

- We accept all major credit cards, including CareCredit.
- We offer a 5% cash or check discount when services are paid in full.
- With prior authorization, remaining balances may be put on the DeFelice Dentistry Easy Pay Budget Plan of 3-6 month financing when placed on an auto-withdraw using a credit or debit card.

It is very important to us that you communicate any financial hardships with us so we can work with our patient on providing the dental care needed.

Agreement of Financial Guidelines

I request and authorize Dr. Louise DeFelice to provide _____ with dental care. I understand that I am personally responsible for the charges of the services received.

I agree to make payment in full for services received. I understand that regardless of dental insurance benefits, any treatment is my financial responsibility.

I hereby authorize Dr. Louise at her discretion, to bill my insurance carrier and any other persons or parties who may be liable for payment of these services. I also authorize my insurance carrier to make payment directly to D. Louise DeFelice.

Signature of Guarantor

Date

Print Name