



Dr. Louise C. De Felice, DDS  
4703 N. Maple Street  
Spokane, WA 99205  
P: 509-327-7719 | F: 509-327-7110  
[www.defelicedentistry.com](http://www.defelicedentistry.com)

### **Financial Guidelines for DeFelice Dentistry**

We realize dental work can be a significant expense, yet it is a crucial investment in one's health. We are committed to providing the best possible dental care and are here to assist our patients. It is important all treatment and financial responsibilities are fully understood prior to beginning treatment.

Financial policy:

- Patients with dental benefits:
  - We will bill your insurance benefit company as a courtesy service to you.
  - The estimated patient portion is due at the time of service.
- Patients without dental benefits/self-pay:
  - Payment is due at the time of service
  - 5% cash discount
- We accept all major credit cards, including Care Credit.
- Upon approval from our financial coordinator, De Felice Dentistry may, at its discretion, offer De Felice Dentistry Easy Pay Plan for in-office financing. \*\* (Must use monthly auto-withdraw using a credit or debit card) \*\*
- A deposit may be required for an appointment with the Doctor when significant time is reserved (>90 minutes) for patient care, coordination and planning.

### *Agreement of Financial Guidelines*

I request and authorize Dr. Louise DeFelice and associates to provide \_\_\_\_\_ (patient name here) with dental care. I understand that I am personally responsible for all charges of 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 De Felice, and associates at their discretion, to bill my dental and/or medical benefit carrier and any other persons or parties who may be liable for payment of these services. I also authorize my insurance carrier(s) to make payment directly to Dr. Louise De Felice.

\_\_\_\_\_  
Signature of Guarantor      Date \_\_\_\_\_

\_\_\_\_\_  
Print Name