



Dr. Brent Nail

2470 Daniells Bridge Rd.
Bldg. 200, Suite 271
Athens, GA 30606

In our continued commitment to provide the highest quality dental care available to all of our patients and to have those services comfortably affordable, we are pleased to offer you these options for payment.

Please check one of the following:

<p>PERSONAL CREDIT CARDS</p> <ul style="list-style-type: none"><input type="radio"/> Visa<input type="radio"/> Discover<input type="radio"/> MasterCard<input type="radio"/> American Express	<p>PREPAYMENT</p> <p>We are happy to offer a 5% discount for services over \$1000 when prepaid in full upon scheduling your appointment.</p>
---	---

We are pleased to offer two financing options which are administered for us by:

DENTAL FEE PLAN
CARE CREDIT

Please ask our administrative staff for details and credit applications.

We are committed to support you in understanding your dental health, so that you will always be able to make the best choices.

We will, as a courtesy, process your insurance benefits in our office, which will relieve you of this time consuming, sometimes-complicated task.

I agree that I am fully responsible for the total payment of all procedures performed in this office-this includes any treatment that is not a benefit of my dental insurance. I understand that all services are due to be paid in full within sixty (60) days of the date of service, regardless of whether or not my insurance benefits have been received. One and one-half percent (1.5%) per month interest (18% per year) will be charged on accounts 60 days from treatment date. A 30% fee will be attached to any accounts that have to be turned over to a collection agency or goes to small claims court.

MISSED APPOINTMENTS

Appointment times are reserved especially for you. If for any reason you should need to change your appointment, there will be no charge, provided you give us a 72 hour notice. Please help us serve you better by keeping your scheduled appointments.

We are here to assist you in any way possible. Please make your questions and concerns known to our team...Our goal is to ensure that you have an outstanding experience.

Signature (Responsible Party)

Financial Coordinator

Date