

David F. Randolph D.M.D.
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FINANCIAL POLICY

It is our office policy that all treatment be paid in full at time of service.

If you have dental insurance, or have had a change in your dental insurance, you will need to provide us with verification prior to any treatment being rendered. Once we have received verification from your insurance company your total co-payment will be due at each appointment. Any discrepancies in your co-payment will be due at your next appointment or next billing cycle, whichever comes first.

I understand that dental insurance is a benefit and that I am ultimately responsible for all charges.

If you have need of financial arrangements please inform us prior to treatment as financing may be arranged through CARECREDIT. If you would like additional information on this option please see the front office staff.

Any accounts exceeding 60 days will be subject to a late fee of 18% annually and any accounts exceeding 90 days will automatically be subject to further collection proceedings.

No treatment will be rendered until the above financial policy has been signed and dated. By signing this you certify that you have read, understand and agree to the above conditions

If you have any questions please feel free to ask.

Signature _____

Date _____