

David S. Krishinger, D.D.S.  
Jeffrey T. Root, D.D.S.  
John Krishinger, D.D.S.



## Financial Policy

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123 East Main Street, Suite 300  
Brevard, NC 28712  
Ph (828)884-3421 Fax (828)884-6336  
frontdesk@wateroakdentalgroup.com

In our continued commitment to provide the highest quality of 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:

1. Visa, MasterCard, Discover, or American Express
2. Wells Fargo Financial (12 months no interest), CareCredit

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 always present you with the best dental solution possible to treat your personal situation.

**We will, as a courtesy, process your insurance benefits in our office; however, you are responsible for your estimated portion at the time of service.** All questions regarding your insurance benefits must be addressed between you and your insurance carrier.

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 any dental insurance that I may have. I understand that all services are due to be paid in full within sixty (60) days of date of service, regardless of whether or not my insurance benefits have been received. One and a half percent (1.5%) per month interest up to eighteen percent (18%) will be charged on accounts 60 days from treatment date.

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.

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Signature (responsible party)

Date