

**ANTHONY J. SIDOR, D.D.S.**  
**225 S. Plumosa Street • Merritt Island, FL 32952**  
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## **PAYMENT AGREEMENT**

**\*PLEASE KEEP THIS AGREEMENT FOR YOUR RECORDS\***

*All fees are due when services are rendered. Payment options are limited as follows:*

### **INSURED PATIENTS**

We will be happy to estimate and file your primary insurance. Payment of your deductible and portion of the fee is due when services are performed. If a treatment requires more than one visit, one half of the patients portion will be due when treatment is started , and one half will be due when treatment is complete.

Insured patients (with the exception of Delta Dental insurance) do have the option of paying the full amount due prior to treatment and receiving the same discount as uninsured patients as stated in (1) below. An insurance receipt will be given to the patient, and they must file for insurance benefits themselves.

### **PATIENTS WITHOUT INSURANCE BENEFITS**

*Three payment options are available:*

1. Payment in full prior to treatment:
  - a. For any treatment over \$350 a 5% discount will be given for a cash payment of the full amount due for the proposed treatment **prior** to the treatment being completed.
  - b. For any treatment over \$350 a 2% discount will be given for a credit card payment of the full amount due for the proposed treatment **prior** to the treatment being completed.
2. One half of the total amount due is to be paid when treatment is begun with the other one half due when treatment is completed. (If the treatment is completed in one visit, the total fee for the treatment completed is due at that time)
3. Payment in full at the time of service through Wells Fargo Financial, a credit company that will assist in financing your treatment. Information and applications are available from the front office staff.

*All accounts past due (over 90 days) are submitted to Our Collection Agency. If for any reason the remaining balance is paid here to Dr. Sidor, we reserve the right to apply a delinquent account fee of 5% of the balance.*

## **WE ARE UNABLE TO ACCEPT PARTIAL PAYMENTS**

**Please be aware, it is not easy for an office to become familiar with the details of every dental insurance plan it encounters. And it is, of course the responsibility of the patient, not the dental office, to know what is covered and what is excluded from his or her dental plan. We expect your deductible and your percentage of portion due on the day treatment is rendered. If for any reason, your insurance company does not cover treatment rendered, the balance is your responsibility.**

***I HAVE READ, UNDERSTAND & AGREE TO BE RESPONSIBLE FOR ALL CHARGES THAT I INCUR DURING MY TREATMENT***

**Signature will be acquired on your first visit to our office.**

**\* We gladly accept VISA, Mastercard, & Discover**