

DR JOHN H. MURPHY, D.D.S., FAGD, INC.
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FINANCIAL AGREEMENT / PAYMENT OPTIONS

Our mission is to provide the finest, most cost-effective treatment available today. Following diagnosis, the doctor will advise you of our plan for establishing and maintaining your particular optimal dental health. Additionally, we will discuss with you the cost of today's procedures and future treatments. PAYMENT IS DUE ON THE DAY OF SERVICE.

Uninsured Patients

For major restorations such as crowns, bridges, etc., our office requires a DEPOSIT OF ONE HALF AT THE START OF TREATMENT. PAYMENT IN FULL IS REQUIRED WHEN THE TREATMENT IS COMPLETED. An initial payment is not required with the Care Credit Plan (see below).

Insured Patients

We want to be a partner with you and your insurance company in providing dental services. You and your employer choose the type of coverage you have, and whether or not your plan allows you to choose your own dentist. We accept most dental insurance (unless it is an HMO plan) and will gladly process your claim. We will also estimate your deductible and the portion not covered by your insurance. Please be aware that every insurance company determines the amounts that they will pay on each procedure, as well as their percentages of coverage. Our fees may be different from that amount, depending on many factors.

PAYMENT OF THE PORTION NOT COVERED BY YOUR INSURANCE AND ANY DEDUCTIBLE IS DUE ON THE DAY OF SERVICE; however, this is an estimate only, and the actual charges may differ based on the receipt of payment from you insurance. If your insurance has not paid your account in full within 45 days, you will be responsible for the balance. Any balance owed may be paid by any one of the choices listed below.

PAYMENT OPTIONS

CASH: includes money orders and personal checks

VISA/MASTERCARD/DISCOVER: we accept credit card payments for treatment to the extent your credit limit permits.

Care Credit: offers a separate line of credit to cover your family's health care needs. If you choose this option, please complete a Care Credit application to determine if you qualify for this service.

We understand that occasionally very unusual situations may arise to warrant a broken appointment however; this does leave a serious void in our schedule. We request 48 hours notice of cancellation be given so that this time can be used for another patient in need of treatment. Therefore, WE RESERVE THE RIGHT TO CHARGE FOR AN APPOINTMENT CANCELLED OR BROKEN WITHOUT 48 HOURS ADVANCE NOTICE.

"I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account.

Signature Patient/Parent or Guardian if Minor

Date

