



MAD RIVER
FAMILY DENTAL

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FINANCIAL AGREEMENT

Our goal is to provide the highest quality of dental care possible and to have clear communication of our financial policy.

ALL ACCOUNTS ARE DUE AND PAYABLE AT THE TIME OF SERVICE.

Payment Options:

1. Cash
2. Check
3. Mastercard
4. Visa
5. Discover
6. American Express
7. CareCredit

Patient with Insurance: The PATIENT is responsible for the ESTIMATED non-covered portion, procedures and/or deductibles at the time of service.

Parents not accompanying their children are financially responsible for payment.

Records can be viewed at any time.

We submit to insurance as a courtesy although, your account balance is your responsibility.

I, _____, agree to these financial terms.

Signature: _____ Date: _____