



David L. Eichler, D.M.D., P.C.

3375 Badger Road, Suite 1; North Pole, AK 99705

Our dedicated team is committed to providing you and your family with the highest quality, comprehensive care to enhance your health, comfort, and enjoyment.

Financial Policy

Payment is due at the time of treatment.

Financial Options

- A 5% reduction of the entire fee when paid in full, with cash or check, for service (over \$500) prior to appointment.
- Payment in full at time of treatment with cash, check, debit or credit card.
 - We accept Visa, MasterCard & American Express.
- Care Credit (upon application approval)
- Insurance assignment of benefits.
 - **You are required to pay your estimated portion at the time of treatment.** We will file your insurance as a courtesy to you, and will accept assignment of benefits if your insurance company permits.
 - **If, after 60 days, we have not received payment from your insurance company, you are required to pay the remaining balance.** A fee of \$7.00 will be posted on a monthly basis on all accounts with balances over 60 days.

If you have any questions regarding your insurance coverage, maximums or limitations, please contact your insurance company or human resources department directly.

I have read, understand, and accept the above financial policy.

Patient/Guardian Signature

Date