



Roger A. Holliday, D.D.S., P.L.L.C.
FELLOW ACADEMY OF GENERAL DENTISTRY

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OUR POLICY OF CARE AND PAYMENT

Our goal is to provide each and every patient with the finest care available, performed to your satisfaction. We utilize the highest quality materials, equipment, and dental laboratories to meet this goal. We continually educate ourselves on the latest technologies, materials, and innovations and maintain a professional staff.

Payment is due at the time of treatment. If this is not convenient for you, we offer several options.

PAYMENT OPTIONS

- 1) Cash or Check
- 2) Major Credit Card
- 3) Care Credit
- 4) Three month in-office financing**
- 5) Six month in-office financing**

***Signed contract required**

For those patients with insurance, your co-payment is due at the time of treatment and one of the above options may be utilized. As a courtesy, our office will complete and submit insurance forms for payment upon request and at no additional charge. It must be remembered, however, that the patient has a relationship with the insurance company, our office does not. Insurance companies exist to make money, not provide high quality dental care and often do not pay in a timely manner. If payment is not received within 60 days we request that the patient pay the fee and be reimbursed by their insurance if and when they pay.

By signing this form, I am agreeing to the Office Policy of Care and Payment.

Patient Signature: _____ Date: _____

Patient Name: _____

Witness: _____