

**Richard L. Spencer, Jr., D.D.S.**  
**2101 Osborne Rd.**  
**St. Marys, Ga. 31558**  
**(912)882-6072**

*Our commitment is to provide quality dental care to the entire family through exceptional service.*

### ***Methods of Payment***

Payment in full is due at each appointment. Patients with insurance are expected to pay their portion. We accept the following:

Visa/ Mastercard/ American Express/ Discover  
Care Credit (upon approval – interest free option available)

**All Financial arrangements must be made in advance of the appointment.**

### ***Dental Insurance***

We are pleased you have dental insurance and will assist you in obtaining the maximum benefits specified in your contract. However, your insurance contract is between you, your employer, and the insurance company. As a courtesy to you, we will file your insurance and accept assignment of benefits. We ask that your estimated co-payments and deductible be paid at the time of service. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will cover.

I hereby authorize payment directly to the above named dentist of the group insurance benefits otherwise payable to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Related Information***

- Your appointment time has been reserved exclusively for you. Any change in your appointment affects many patients. Please contact our office within 48 hours of your appointment to make changes. I understand that there is a **missed appointment fee of \$50.00** if I do not give adequate notice to cancel or change my appointment.
- Fees on treatment quoted today are good for 90 days.
- In the event that the account is not paid and we refer the account to a collection agency, you will be responsible for all fees incurred for collection of your bill.

I have read and understand the above information. I understand I am responsible for any charges incurred from services rendered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_