

East Topeka Dental Associates

We welcome you to our practice and look forward to working with you to meet your dental needs. Please ask if you have questions regarding our policies.

Patient name _____ Preferred name _____ Sex _____ Marital status _____

Street Address _____

City, State, Zip Code _____

Home phone _____ Work _____ Cell _____

Email _____

Social Security # _____ Birth date _____

Employer _____ Address _____

Spouse or Responsible Party (if different from above)

Name _____ Sex _____ Marital status _____

Address including City, St, Zip code _____

Home phone _____ Work _____ Cell _____ Email _____

Social Security # _____ Birth date _____

Employer _____ Address _____

Payment Policy

- Patient portion is due at the time of service.
- We accept cash, personal checks, Visa, Mastercard and Discover cards.
- We offer payment plans with CareCredit.
- There will be a \$25 fee for checks returned due to insufficient funds.
- We realize that temporary financial problems may arise affecting timely payment of your account. Please contact our office manager if problems arise. We are willing to help those that bring these matters to our attention.

I agree to be responsible for all charges and the expenses involved for collection of delinquent balances. Account balances over 90 days will acquire late charges of 1.5% per month.

Signature and date