

OLIN DENTAL GROUP

GUARANTEE OF PAYMENT

I, _____, guarantee that all fees incurred during my visit(s) for me and family will be paid in full to the Olin Dental Group. The Olin Dental Group will honor all participating insurance discounts, however I understand that there is usually a deductible and an estimated copay that will be necessary to be paid at the time the service is provided. I acknowledge that there may be a balance due that I am responsible to pay after the insurance company has paid their portion of the bill. All fees are posted by the receptionist's desk.

The Olin Dental Group accepts payments in the form of cash, check, CareCredit^R (see brochure in reception area), credit cards (Visa, MasterCard, American Express, Discover, and Diners Club). We also work with our patients to utilize their Healthcare Flexible Spending Accounts.

_____ signature

_____ date