

**MICHANOWICZ ENDODONTICS  
814-696-1800**

**FINANCIAL POLICY**

**FOR PATIENTS WITHOUT DENTAL INSURANCE**

**All balances are due in full at the time of treatment. This is necessary because of the cost of extending credit, increased business costs, and inflation. We realize payment can be difficult for some, we provide many options for your comfort.**

**I agree to pay for treatment by Cash, Check, Money order, Master card, Visa, Debit card, and Discover card, extended payments through my credit card, or use the six month interest free payment plan.**

**FEEL FREE TO ASK ANY QUESTIONS REGARDING OUR POLICIES, WE TAKE MUCH PRIDE IN OUR CUSTOMER SERVICE.**

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**