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Office Financial Agreement

Thank you for choosing our office. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of this mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

Cash, Check, Credit Card

For patients without dental insurance, we offer a 5% courtesy accounting adjustment when fees are paid in full at the time of service by cash or check. (2% adjustment when paid with credit card)

For patients without dental insurance and over the age of 65, we offer a 5% courtesy accounting adjustment when fees are paid in full at time of service.

Please note:

Our office requires payment at the time of service (including insurance co-pays and deductibles).

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. However, your dental insurance is your responsibility, regardless of what we might calculate as your dental benefit in dollars, we must stress the fact that you, the patient, are responsible for the total treatment fee.

Our office charges up to \$50 for returned checks.

If you have any questions, please do not hesitate to ask.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹Subject to credit approval

Office only:

_____ Financial agreement discussed with patient

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