

## FINANCIAL POLICY OFFICE OF RYAN SPEIRS, DMD

We are committed to providing you with the best possible care. Your clear understanding of our financial policy is important to our professional relationship.

Payment is due the day that treatment is provided. Insured patients are required to pay the estimated cost of their care (co-payment) at the time of service. If you do not have insurance, payment in full is expected at the time of service, unless otherwise arranged in advance.

We will do everything we can to inform you in advance of the anticipated costs of your treatment, including an estimate of the benefit your insurance company is likely to pay. Such information does not preclude the possibility that additional costs may be incurred if unanticipated treatment becomes necessary, nor will it absolve you of your obligation to pay for such treatment. Keep in mind that your treatment needs are not connected to or determined by your insurance benefits.

There are payment options available for those who are unable to pay in full at the time of service. These options must be agreed upon prior to treatment being rendered. Please ask a member of our staff to further elaborate.

I have read the above policy and understand my responsibility for my account. **I, the patient, am ultimately and completely responsible for payment of my account and agree to the above terms.**

---

Signature of Patient or Responsible Party

---

Date

---

Complete Printed Name of Patient



RYAN SPEIRS, DMD