

Stokke Family Dentistry

**Dr. Samuel Stokke, DDS
Dr. Erica Stokke, DDS**

Financial Policy:

In our continued attempt to provide the highest quality of care and to have those services comfortably affordable to our patients, we are please to offer the following options for payment.

--- Personal credit cards

- Visa
- MasterCard
- Discover
- We are pleased to offer another Financial option which is administered by

-- Cash or Personal Check

We are happy to offer a discount of 3% for payment in full at time of service.

CARECREDIT

Please ask our administrative staff for details and credit application.

We are committed to support you in understanding your healthcare, so you are always able to make the best choice.

We will, as a courtesy process your insurance benefits in our office which will relieve you of this time consuming and sometimes complicated task.

We are here to assist you in any way possible. Please make sure your questions and concerns are known to our team. Our goal is to ensure that you have a pleasant experience.

I agree that I am fully responsible for the total payment of all procedures performed in this office; this includes any treatment that is not a benefit dental coverage that I may have. Your co-pay, co- insurance and deductible amounts are due at the time of service.

I understand that all patient due balances are due to be paid in full within 90 days. Interest charges of one and a half percent (1.5) monthly or eighteen percent (18) annually will be charged for patient balances of 90 days. For additional questions, please contact us at 628-8211

Signature (Responsible party) _____ Date_____

Name of patient_____