Dr. Silman Smile Spa, PC
Family & Cosmetic Dentistry
270 Route 9 North
Manalapan, NJ 07726
732-577-1515

PAYMENT AT TIME OF SERVICE
Payment is expected at the time the service is performed.

CANCELLATION OF APPOINTMENT
If an appointment is not cancelled within 24 hours, your credit card will be charged $50 for each 30 minutes of your appointment time.

_____ _____
Credit Card # Expiration Date

INSURANCE CLAIM FILING
Courtesy Filing Service:
We will file your claims for all your services and procedures we provide. If your insurance company pays you directly for a service given by us please remember to bring us the check as soon as possible, unless you have already paid for the service.

Our Financial Relationship:
You should understand that our account is directly with you, not your insurance company. You are responsible for your bill with us.

COMPLIANCE STATEMENT
I have read and understand the above financial policies and I agree to abide by them

_____
Patient or Responsible Party Signature
SS#_____Date_____