

**Dental Touch Associates
1655 Blairs Ferry Road
Marion, IA 52302
(319) 373-5082**

Payment Options (please check one)

- Cash payment at time of service
- MasterCard, Visa or Discover at time of service
- American General financing
(available for treatment over \$250.00)
- Estimated** insurance co-payment at time of service with
statement sent for any remaining balance after insurance
settlement

Prompt payment is essential to help keep our overhead costs down. This document helps us better understand each other so that we can keep our office running as efficiently as possible and keep your costs to a minimum.

I understand that I am responsible for any portion not covered by my insurance at the day the services are rendered. If I do not have coverage under dental insurance, payment in full is due at the time services are rendered. I further understand in the unlikely event that my account balance is delinquent for 90-days; my account will be referred to collection. In the event that this happens, I agree to pay all reasonable collection fees and the outstanding balance due.

Patient's Signature: _____

Parent if a Minor: _____