

DESERT ORAL SURGERY

MARC P. SALOMONE, D.D.S.
ROBERT L. BASS, D.D.S.
A Professional Corporation
Diplomates, American Board of Oral and Maxillofacial Surgeons

FINANCIAL POLICY

Welcome To Our Office,

Payment is due at the time of service unless other arrangements have been made. We accept **Visa, MasterCard, Discover, American Express, check, cash and money orders**. In addition, we are affiliated with **Care Credit**, a dental credit card you can apply for in our office.

As a courtesy, we are happy to submit your insurance claim to your insurance company. Please provide us with the necessary information.

IF YOU HAVE INSURANCE:

- We are only able to "gwestimate" your financial responsibility.
- We are unable to guaranty payment from your insurance company.
- Your portion is expected at the time services are rendered.

I understand I am financially responsible for all charges whether or not paid by insurance.

Patient's

Signature: _____ Date: _____