



DR. DIAS FAMILY DENTISTRY

PAYMENT POLICY

Please note that payment is expected at the time that services are rendered. Also, any co-insurance payments incurred during treated are expected as well. We do our very best to keep our fees low, and paying for your services and co-insurance at the time services are performed helps us to continue to keep the fees low. Thank you for your consideration regarding this policy.

I understand that above policy and agree to the terms herein. I agree to pay for services and/or co-payments at the time services are rendered.

Signature _____

Date _____