

Thomas N Pezdek DDS

412D E William Street | APEX NC, 27502 | (919) 362-5777

Financial Policy

Patient Name _____ Email _____ Phone _____

Thank you for choosing Thomas N Pezdek DDS. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

- cash, check, Visa, Mastercard or Discover Card

We offer a 5% courtesy adjustment on prosthetics to patients who pay by cash or check prior to completion of treatment.

- CareCredit or City Health¹

Allows you to pay over time with NO INTEREST.²

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and file your claim. Patients are responsible for all charges regardless of estimated payment from your carrier. Your payment is due in full when services are rendered.

For sedation appointments the patient's part is due one week prior to the appointment date.

A fee of \$50 is charged to patients who miss or cancel more than 1 time in a calendar year without 24-hour notice.

A fee of \$25 will be charged for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Signature of Patient

Signature of Guardian

Date _____

Date _____

Patient Name (Please Print)

¹Subject to credit approval

²Based on amount charged