

Fereshteh P. Taba, D. D. S., P. A.
12420 San Jose Blvd
Jacksonville, FL 32223

Financial Policy

Methods of payment accepted:

- Cash
- Check (there will be a \$25.00 fee for returned checks)
- Credit Card: Debit, Mastercard, Visa and American Express
- CareCredit payment plan (\$500.00 minimum charge)

Broken Appointment Fees

- Please allow 24 or 48 hours notice to cancel or change an appointment.
- Patient will be charged a \$40.00 missed appointment fee for a 1 hour long appointment without 24 hours notice.
- Patient will be charged a \$60.00 missed appointment fee for a 1.5 hour long appointment without 48 hours notice.

By signing below, I understand and agree to:

- Pay for treatment at the time service are rendered.
- Patients with dental insurance are expected to pay their contracted percentage, plus any applicable deductibles.
- Accept full payment responsibility for any balance past due 30 days, regardless of any insurance I may carry.
- Authorize treatment.

Patient: _____ Guardian/Parent: _____

Signature: _____ Date: _____