

Richard M. Yarbro D.D.S.
10208 N. Division Street Ste. 108
Spokane, WA 99218
(509) 468-0200

-Office Financial Policy-

In our continued commitment to provide the highest quality dental care available to all of our patients and to have those services comfortably affordable, we are please to offer you these options for payment.

1. 5% Accounting Courtesy for payment in full with cash or check
2. Visa MasterCard
3. Payment Plans

We are committed to support you in understanding your dental health, so that you will always be able to make the best choice. We will always present you with the best dental solution possible to treat your personal situation.

We will, as a courtesy, process your insurance benefits in our office. All questions regarding your insurance benefits must be addressed to your insurance carrier.

I agree that I am fully responsible for the total payment of all procedures preformed in this office-this includes any treatment that is not a benefit of any dental insurance that I may have. I understand that any estimates portion, not covered by insurance, is due at time of service for all services rendered. I understand that all services are due to be paid within ninety (90) days of date service, regardless of whether or not my insurance benefits have been received. One (1%) percent per month interest, twelve percent (12%) per year will be charged on accounts 90 days from treatment date. I also understand that should credit be extended to me by this dental office, a credit check will be made through TRW or other credit services and I authorize release of all finical data.

We are here to assist you in any way possible. Please make your questions and concerns known to our team. Our goal is to ensure that you have an outstanding experience.

PLEASE NOTE: RULES AND REGULATIONS DIFFER FROM STATE TO STATE ON INTEREST REATES AND WHAT MUST BE INCLUDED ON FINACIAL FORMS.

Signature (responsible party)

Date