



APPOINTMENTS

Your appointment time is reserved specifically for you. If you are unable to keep your appointment, please notify our office 24 hours in advance so that we may reschedule a new time for you. *Please note that a missed appointment fee may be assessed if advance notification has not been given.*

PAYMENT AGREEMENT

I agree to pay for treatment at time of service. Desert Vista North Dental will calculate an estimated co-payment amount that is due at the time of your appointment. An insurance claim will be submitted on your behalf, however, any account balance remaining after payment has been made by your insurance company is your responsibility.

We accept most major credit cards, checks and cash. Payment plans are accepted via Care Credit ,EZ Pay Dental Fee Plan. (Information is available at the front desk.)

Signature of Patient/Responsible Party

Date