

Children's Dentistry

John B. Witte, D.D.S., P.C.
3035 Matlock Road
Arlington, Texas 76015

Our Dental Office Financial Policy

We are pleased you have chosen our office as your child's dental care provider! Our primary mission at Dr. Witte's office is to deliver the best and most comprehensive dental care available to your child in a comfortable atmosphere. An important part of this mission is making the cost of dental care as easy and manageable for our patients as possible.

As a courtesy to you we will submit claims to your dental insurance carrier and accept assignment of benefits. If your insurance carrier is a PPO plan, please be advised that our office is required to submit our usual fee on claims. We will calculate your estimated co-payment due at the time of services based on our normal fee. Once we receive payment from your insurance, we will make a PPO fee adjustment to your account. Any remaining balance due will be billed to you. If a credit balance remains, we will reimburse you.

Please be aware, our office will not attempt to collect payment from any one other than the person responsible for filling out each child's medical/dental history and other forms.

To assist you with your child's dental care needs, we provide the following payment options:

1. Cash – includes money orders and personal checks.
2. Visa/MasterCard/Am. Express/Discover – we accept credit cards as payment for treatment.
3. CareCredit[®] – patient payment plans that allow you to pay over time with convenient low minimum monthly payments. With CareCredit, you enjoy these benefits with credit approval:
 - Flexible financing options
 - No annual fees or prepayment penalties
 - Quick and easy application
 - Receive a credit decision almost immediately
 - Start your recommended treatment immediately upon approval

We are happy to offer these choices so that you can select a payment option that best fits your needs.

Thank you for choosing our office to provide your child's dental care!

I HAVE READ AND UNDERSTAND DR. WITTE'S FINANCIAL POLICY

Signature: _____ Date: _____