



Jason T. Bolding, DDS.

Comprehensive Family Dentistry

Financial Agreement

As a service to our patients we file **all** dental insurance claims. We are a provider of **Delta Dental** and **Blue Cross and Blue Shield of Arkansas**. Patients will be responsible for their portion after what insurance is **estimated** to pay the day services are rendered. The patient may be asked to sign a financial agreement form before services are performed and be required to pay their estimated remaining balance, unless prior arrangements have been made with our financial coordinator.

Patients may pay by cash, check, credit card, or the financing that is offered here (Care Credit, Citihealth, and Dental Fee Plan). There will be a **\$25.00** service charge on all return checks.

We have several financing options available here at the office of Dr. Jason T. Bolding:

- **Care Credit**
- **Citihealth**
- **Dental Fee Plan**

With these financing options, patients are able to receive **12 months** no interest.

If you have any questions concerning our financial policy, please feel free to ask. Thank you for choosing us for your dental needs.

GOD BLESS

Signature _____ Date _____