

Ithaca Dentistry
310 E. court St. Ithaca , NY 14850 (607)272-2033

Written Financial Policy

Thank you for choosing Ithaca Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, Mastercard, American Express or Discover Card
- Convenient monthly payment plans from CareCredit
 - Allow you to pay over time
 - No annual fees or pre-payment penalties

Please note:

Ithaca Dentistry requires payment at the time of service.

There is a \$50 fee for patients who “no-show” for their appointments.

There is a 1.5% monthly fee for accounts 60 days past due.

Ithaca Dentistry charges \$35 for returned checks.

I understand I am responsible for all collection fees incurred should the account become delinquent.

_____ **please initial**

Patient acknowledges the HIPPA policy. _____ Please initial

I give permission for _____ to speak on my behalf in regards to making appointments and payments.

Media release:

I give permission for Ithaca Dentistry to use my photos ___yes ___ no

I give permission for Ithaca Dentistry to use my videos ___yes ___ no

I understand that this media release does not expire; however, at any time I can discontinue my release
_____ initial

Patient, Parent or Guardian signature date

Patient name (please print)