

Maurice R Crowley, DMD, LLC
#402, Professional Arts Building
1919 State Street, New Albany, IN 47150
Diplomat, American Board of Oral and Maxillofacial Surgery
Diplomat, American Dental Board of Anesthesiology

Office Payment Policy

Ensuring that our patients receive high quality care is the goal of our practice. Part of this care is to provide accurate information about our collection policy.

We accept the following forms of payment:

- 1. Cash or Check – Payment is expected at the time of service. With the approval of the office manager, you may pay 50% of the total and write a post-dated check for the remaining balance.**
- 2. Credit Card – We accept Visa, MasterCard and Discover for full payment.**
- 3. Insurance – If your insurance will be helping with today’s charges, we will make every effort to determine the amount of payment you will be responsible for prior to the treatment. This amount will be due the day of service.
If we are unable to obtain this amount from the insurance company, you will be expected to pay a 20% initial down payment. We will then file insurance for you.
Any remaining balance will be due within 90 days. If there is an insurance overpayment, you will receive a prompt refund. If you desire an exact estimate of the amount you will be responsible for, we will be glad to submit a pre-treatment estimate with your insurance company in an effort to determine this amount.**
- 4. Care Credit – This is a form of payment that allows you to receive treatment today but spread payments over time. This plan requires an application, but it is brief and there is no charge to apply. If interested, please advise the front desk to begin the approval procedure.**

I acknowledge that I have read and understand the above information.

_____ **Date** _____
Patient/Responsible Party (Signature)