



RG Dental Group

of Richboro

56 Newtown Richboro Rd.
Richboro, PA 18954
Phone: 215-355-6406 Fax: 215-357-5718

Financial Policy

This notice is to inform you that we are a non-billing office and require payment for treatment at the time of your dental visit. Our practice is committed to providing the best dental treatment to our patients and the fees we charge are usual and customary for our area. All charges incurred are your responsibility and any insurance payments received on your behalf will be credited to your account.

For your convenience, we accept many different payment methods: cash, personal checks, Visa, Mastercard, Discover, American Express and even Care Credit.

- Any unpaid balances over 60 days without a financial arrangement in place, will be charged a 1.5% financing fee per month as well as any collection procedure fees incurred.
- Any returned checks will be charged a \$35 return fee.
- Lastly, we required 48- hours' notice for appointment changes or cancellations. If proper notice is not received, you will be charged a broken appointment fee according to our cancellation policy.

Thank you for your understanding and cooperation regarding our Financial Policy. We promise to provide dental care of the highest standards to you, our valued patient.

Patient Signature: _____

Patient name (print): _____

Date: _____