

Stanley Family Dental, PLLC
Adriane M. Stanley, D.M.D.
101 W. Washington Street
Suite C3 & C4
Ridgeland, MS 39157

The following are statements regarding our dental and financial policies that we require you to read and sign prior to being seen and before initiation of any treatment.

Stanley Family Dental, PLLC is committed to providing preventive, diagnostic, cosmetic, and comprehensive dental care. We will attempt to educate and inform our patients with respect to our professional opinion regarding the most appropriate course of action to promote excellent dental care.

If you have insurance, we will file your insurance claim as a courtesy to you, however we ask that you pay your *estimated* portion at the time service is rendered. Please remember that an insurance policy is a contract between you and your insurance company, employer, or the Federal Government. Please be advised that any insurance benefits given to you in our office is just an estimate and is not guaranteed until the claim has been filed and processed. You must assume responsibility for payment regardless of what any insurance company feels is, or is not usual and customary. Any unpaid amount will be your responsibility.

Payment is due at the time of service. We accept cash, personal checks, Visa, Mastercard, Discover, American Express, and debit cards. We also have financing available through Care Credit upon approval.

I verify that I have read and understand the financial policy of Stanley Family Dental, PLLC and agree to its conditions.

PRINT PATIENT NAME AND DATE

SIGNATURE OF PATIENT OR LEGAL GUARDIAN