



Jennifer L. Vienneau, DMD  
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### **Methods of Payment**

We accept the following:

1. Visa/ MasterCard/Discover/Amex
1. Cash & Personal Checks
2. Care Credit Financing
3. 5% accounting adjustment for fee for service patients

### **Dental Insurance**

We are pleased you have dental insurance and will assist you in obtaining the maximum benefits specified in your contract. However, your insurance contract is between you, your employer, and the insurance company, NOT this office. **As a courtesy to you, we will file your primary insurance. Not all services are a covered benefit in all contracts. Insurance companies and employers select the services they are willing to offer to you.**

### **Related Information**

- 1 Your appointment time has been reserved exclusively for you. Any change in your appointment affects many patients. Please contact our office within 24 hours of your appointment to make changes.
- 1 We reserve the right to charge 10% (minimum \$25) for appointments that are failed or cancelled less than 24 hours prior to your appointment. **Pt Initial**\_\_\_\_\_
- 1 Fees on treatment quoted today are good for **90 days**.

I have read and have had all questions I may have, answered, concerning the above information. I understand I am responsible for any charges incurred from services rendered.

Signature: \_\_\_\_\_

Date \_\_\_\_\_