

2300 EASTERN BOULEVARD
YORK, PA 17402-2818
TELEPHONE: (717) 755-1200
www.vzcullen.com

VEASEY B. CULLEN, JR., D.M.D.

*Practice Limited to Periodontics
Periodontal Plastic Surgery
Dental Implants*

953 BALTIMORE STREET
HANOVER, PA 17331-1957
TELEPHONE: (717) 633-6339
www.vzcullen.com

FEES & PAYMENTS

We are committed to providing you with the best possible care. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

You are responsible for the full cost of your treatment. Payment is due upon completion of each visit. We accept Visa, MasterCard, Discover and cash or check. An estimate of the charge for any procedure or surgery you may require will be given to you at the time of your consultation. If you have dental insurance we will assist you by processing a claim for you. Please confirm that we have the necessary information so we can submit your insurance claim without delay. Your insurance carrier will reimburse you directly. Please remember that dental insurance is a benefit plan with a fixed maximum amount. The insurance reimbursement is not a substitute for payment for your dental services.

Cancellation Policy

If you must change or cancel an appointment kindly let us know at least **24 hours in advance**. If you need to make a change in less than 24 hours, we will try to fill your appointment space. However, if we are unable to fill that space, a minimum charge of \$50.00 will be charged.

By signing below you indicate that you have read and understand as follows:

I understand and agree that I am responsible for the cost of my exam, diagnostic records, consultation and any treatment performed.

I agree to be personally responsible for payment of services rendered. If not I will be responsible for all collection costs, attorneys fees, and court costs.

Signature of patient: _____ **Date:** _____
(Parent or Guardian if minor)

This signature on file is my authorization for the release of information necessary to process my claim.

Signature of patient: _____ **Date:** _____
(Parent or Guardian if minor)