



Dr. John F. Ceraso

Carolina Center for Cosmetic and Implant Dentistry

NOTICE TO ALL PATIENTS

Payment is expected at the time of service. If you are unable to pay for today's services, please let our office staff know before your appointment. Prompt payments help us to keep dental fees more reasonable.

NOTICE TO ALL PATIENTS WITH INSURANCE

Your insurance is a contract between you and your insurance carrier. As such, you are responsible for any amounts that they refuse to pay, as well as your deductible and percentage of payment that is not covered by your insurance carrier. You are expected to pay your part of the payment at the time that services are rendered. If you do not have the funds today to pay your part of your scheduled dental services, please let the front office staff know and arrangements will be made for another appointment.

SIGNATURE: _____

DATE: _____