

J.H. VOGEL & E.E. MATESI, DDS, PC
1544 WEST OSBORN ROAD
PHOENIX, AZ 85015
602-279-2386

PAYMENT OPTIONS

PLEASE SIGN ONE OF THE FOLLOWING PAYMENT OPTIONS:

OPTION 1

I agree to pay in full for services rendered at each appointment.

Patient or responsible party

OPTION 2

I elect to have J.H. Vogel & E.E. Matesi, DDS, PC, bill my insurance company for the services rendered to me and I understand:

Any insurance portion quotes are estimates based on information my insurance company has given us over the phone.

I will take care of any deductibles and/or co-payments at each appointment.

There may be clauses and restrictions that may not be known at this time.

It is my obligation to take care of any portion of my treatment not paid by my insurance company.

I will pay any balance I may accumulate in full within 30 days.

Any amount that is outstanding after 30 days is subject to referral to small claims court or a collection agency.

I will pay any court costs and collection fees in the fair prosecution of the claim,

Patient or responsible party

OPTION 3

I elect to pay J.H. Vogel & E.E. Matesi, DDS, PC, in full for services rendered at each appointment and I will bill my own insurance.

Patient or responsible party

