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Financial Policy

This Policy was developed to explain our expectations and to prevent any misunderstandings.

1. Payment is required at the time services are rendered.
2. Payments are accepted in the following form: **Cash**
Credit Cards: Visa
MasterCard
American Express
Discover
Debit Cards
3. 5% discount is offered for prepayment of the entire bill in full prior to commencement of treatment. This discount does not apply to third party financing.
4. Financing is offered through **CareCredit & Citi HealthCard**. Ask us for details.
5. Consultation fee is \$300.00 per hour.
6. Any other arrangements have to be discussed, agreed upon and formally finalized prior to starting any treatment. A **written** financial agreement is required.

I, (print your name)....., have read the Financial Policy, understand what it states, and agree to follow it.

..... Date

Signature of patient or legal representative