

Communication of Financial Responsibility

**T. Gregory Jacobs, DDS, PA
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1601 Rickenbacker Drive
Sun City Center, Florida 33573
813-634-1932**

Patient's Name: _____ Date: _____

We believe communication is the key to quality dental care. Working together, we can hope to avoid any misunderstanding or disagreement concerning payment for professional services.

Full payment is expected at time of services. Payment plan is available for charges over \$1000, with balance paid upon completion of treatment.

All insurance patients are responsible for payment in full at time of service. Please understand that your dental insurance is a contract between you and your insurance company.

Our office staff will provide you with copies of your insurance forms to be mailed out at your convenience. Reimbursement from your insurance will be sent directly to you. We will also respond and submit any claim information requested from your insurance company.

Thank you for your cooperation. If you have any questions, please call 813-634-1932.

Patient Signature or Guardian: _____

