



ASSOCIATES IN DENTAL CARE

Date: _____

Dear Patient,

By law, we are required to collect co-payments each and every visit. It is considered fraud for us to collect from some patients and not from others. Please be advised that should you choose not to pay your co-payments for any reason we must notify your insurance, and in turn, **they may drop you as a subscriber.**

Our intention is to support you by providing the highest quality of care and assist you with your insurance plan. We would never want to jeopardize your insurance by not collecting your co-payment.

Of course, you may use, Visa, M/C, Discover, Amex, check or cash. However, if you come unprepared to make your co-payment, we must reschedule your appointment.

Thank you for your cooperation.
