

Pinnacle Dentistry
Dennis Cufone, DDS
7500 E Pinnacle Peak Rd Suite A-203
Scottsdale, AZ 85255
Tel: (480) 419-7900
Fax: (480) 419-8330
www.pinnacledentistry.com

Financial Guideline Agreement

Thank you for choosing our office for your dental care. We are committed to the success of your dental health. To make our relationship more comfortable it is important to provide you with our financial guidelines. To avoid any misunderstandings, please feel free to contact us with any questions you may have.

Please read and sign this agreement prior to your appointment. Your estimated patient portion will be collected at the time of service. We accept cash, checks and all major credit cards.

Insurance

We will assist you in maximizing your dental insurance benefits. This is a courtesy we extend however please understand it is your dental insurance and you are responsible for any amount not covered by your dental plan. If your insurance company has not paid your dental claim with in 60 days we request you pay the total balance and have your insurance company reimburse you directly.

Changing Appointments

In order to be fair to all of our patients, we ask that you notify our office at least **48 hours** in advance should a scheduling conflict arise. We value your time and appreciate the same.

Our practice is committed to providing the best treatment and ensuring a wonderful relationship. Please contact our office if you have any questions.

Patient

Signature: _____ Date: _____