

William Bolak, DMD
Practice Limited to Endodontics
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Office Policy regarding accounts for Minors

We understand that many times a child needs medical or dental treatment and the custodial parent is supposed to receive financial support from the non-custodial parent. However, we can not afford to become involved in issues that involve estranged or divorced couples and court ordered support. Therefore, we will have to make the parent who brings the child for treatment responsible for all financial arrangements and payment of the account. We accept cash, check, Mastercard, Visa, Discover and Care Credit. We will provide you with duplicate receipts.

I, _____ understand that I am solely responsible for the payment of all services rendered by WM Bolak, DMD. I agree to pay all balances in a timely manner, (completely at the time of treatment or an estimated portion now and the balance after the insurance claim is settled). I understand that non-payment of the account will result in this account being turned over to collections.

Name _____ Date _____

Signed _____

Witness _____