



# Connecticut Family Dental Group

## *Family and Cosmetic Dentistry*

*Dominic L. Fusco III, DMD*

*Joseph S. Ciarcia, DMD*

*Dawn M. Fusco, RDH, MA*

### Payment Policy

We are committed to providing the best possible dental care. Our fees reflect our professional commitment to excellence. In order to achieve these goals we need your assistance and understanding of our payment policy.

Payment arrangements are requested before your visit.

We now offer the following payment options:

\_\_\_\_\_ Payment by cash or check

\_\_\_\_\_ Monthly no interest payment plan-CareCredit\*

\_\_\_\_\_ Automatic monthly billing to your Visa, MasterCard, Discover, or American Express  
(By choosing this option, you agree to have a copy of your credit card on file and allow Connecticut Family Dental Group to bill you on the date of your choice.)

**\*\*Please Note—** You are responsible for any portion NOT covered by insurance, as well as your copay for procedures that are covered.

**\*\*Please Note** all appointments require 24 hour notice cancellation, otherwise, a charge of 25\$ will be applied. **\*\***

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_