

Fort Myers Dental
Dr. Eugene Kalsow
14150 Metropolis Ave., Suite 1
Fort Myers, FL 33912
(239) 561-8325

We are committed to providing you with the best possible care. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits.

Payment is due at the time of services are rendered unless payment arrangements have been made in advance with our office manager. We accept cash, visa or mastercard.

If necessary an additional financial plan will be available upon requested. We will be happy to file insurance claim for you. All patients are financially responsible for their accounts.

Your insurance is a contract between you, your employer and the insurance company. It is considered a method of reimbursing for fees paid. It is not a substitute for full payment.

Most insurance companies do not recognize newer techniques and materials and will not pay for these services.

There is a \$50 charge for returned checks, and broken appointment without 24 hour notice. Any balance over 30 days may be subject to additional late fee, interest fee and all collection charges.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

I _____ confirm that all my insurance information provided

by me is correct.

A service fee will be charged extra for incorrect insurance information.

Patient Signature: _____ Date: _____

For us to service you with the best dental care, all patients must complete this form.