



Fibonacci
Art. Science. You.
smile

FIBONACCI SMILE
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FINANCIAL GUIDELINES

Thank you for the opportunity to partner with you in your dental health. We appreciate our relationship with you and to keep your visits seamless please review our financial policy, choose your desired payment commitment by checking the appropriate box, and sign the bottom portion.

- ☐ Pay in full with cash or check at the time of service and receive a 5% savings
- ☐ Pay in full with credit or debit card at the time of service
- ☐ Payment using one of our dental financing companies
- ☐ *Insurance billed; balance due in 30 days

*Insurance will be billed for all appointments. A 50% down payment will be required for all restorative appointments.

Any fee estimates will be honored for ninety days.

You acknowledge that payment for all treatment is your responsibility regardless of insurance reimbursement. If you have any questions regarding your treatment or payment commitment, please don't hesitate to let us know.

Client Signature: _____ Date _____