

**DR. MARK HERZOG,  
DMD  
ISSAQUAH DENTAL  
HEALTH  
6520 226th PL SE,  
Suite 200  
ISSAQUAH, WA 98027**

**FINANCIAL  
POLICY**

In our continued commitment to provide the highest quality dental care available to all our patients and to have those services be provided in a comfortable and affordable environment, we are pleased to offer the following payment options:

**\*\* VISA AND MASTERCARD \*\*  
\*\* PERSONAL CHECKS \*\*  
\*\* CASH \*\*  
\*\* CARE CREDIT \*\***

**Please ask us how we can help you apply for this “dental credit card”**

The office of Dr. Mark Herzog cannot assume the responsibility of knowing all the details of each patient’s insurance plan. We will do our very best to assist you with general insurance benefit information.

We encourage our patients to familiarize themselves with the details of their insurance coverage. Do not hesitate to contact your insurance carrier with any questions you may have. You also have the opportunity to receive all information in written form.

**PLEASE READ CAREFULLY**

I agree that I am fully responsible for the total payment of all procedures performed in the office of Dr. Mark Herzog. **I understand that my ESTIMATED co--pays are due in full at the time of service.** I also understand that any outstanding account balances over 60 days will be assessed a finance charge of 1.5% per month.

**CANCELLATION POLICY**

A \$45.00 fee will be charged for each appointment HOUR cancelled or rescheduled without  
Prior 2 BUSINESS DAYS NOTICE.

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**SIGNATURE**

**DATE**

We are here to assist you in any way possible. Please make your questions or concerns known to our team. Our goal is to ensure your experience with our office is outstanding!