WILLIAM DORFMAN, DDS • GRANT LOOSVELT, DDS • DOUGLAS JOHNSON, DDS

2080 CENTURY PARK EAST • SUITE 1601 • LOS ANGELES • CA • 90067 TEL 310.277.5678 • FAX 310.277.3294

FINANCIAL POLICY

Payment	is	expected	as	services	are	rendered.	We	accept	cash,	checks,	AMEX	K, VISA,	and
MasterCa	rd.	We also	pro	vide thir	d-p	arty financ	ing ı	apon re	equest,	and sub	ject to	qualifica	tion.

For those patients covered by dental insurance, we are not contracted with any companies. We are happy to extend the courtesy of billing your insurance company for reimbursement to you. However, in order to provide this service to you, we must have complete insurance information.

information.
We assign all accounts over 120 days to a collection service for processing.
Sincerely,
Drs. Dorfman, Loosvelt and Johnson
I understand that I will be charged if I fail to keep an appointment or if I do not notify the office of my cancellation by 3:00 p.m. the day before a scheduled appointment.

I agree to this financial policy, and I have read and received a copy of this document.

Should this account become past due, I agree to pay any reasonable additional fees,

collect this account.

including any and all collection agency charges, legal fees and/or court costs, necessary to

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