WRITTEN FINANCIAL POLICY

KENNETH G. HUDAK
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330-376-0097
kghudakdds@sbcglobal.net

Thank you for choosing Kenneth G. Hudak D.D.S. our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Kenneth G Hudak D.D.S. requires payment prior to the completion of your treatment. For plans requiring multiple appointments, alternative payment arrangements may be provided.

For patients with dental insurance we are happy to work with your carrier to maximize your benefits, we do ask for co-payment when services are rendered.

A fee of $50.00 is charged for patients who miss or cancel without 24-hour notice.

Kenneth G. Hudak D.D.S. charges $35.00 for returned checks.

For patients that neglect their payments, your account will get sent a pre-collection letter, the next process will go to collections, if payment is not rendered your account will be charged for processing all legal actions.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

You can choose from:

a. Cash
b. Check
c. Master Card
d. Discover
e. American Express
f. Visa

Patient, Parent or Guardian Signature_____

Date _____

Patient Name (Please Print)_____