

**Leon Kosdon DDS  
245 Lombard Street  
Thousand Oaks CA 91360  
(805) 495-2431**

## **FINANCIAL AGREEMENT**

**Thank you for choosing us as your dental health care provider. We are committed to your dental treatment being successful. The following is a statement of our financial policy, which we require you read and sign prior to any dental treatment. As a member of Managed Care Plan, you as a patient, pay for services rendered according to a list of co-payments set by your Insurance plan. Patients should know the fees for the proposed services prior to initiating any dental treatment. Please feel free to ask one of our dental consultants if you have any questions about your dental treatment. In the event that the insurance information given to us at the time of service is incorrect, you will be responsible for the charges incurred at the office usual and customary fees.**

**Full payment is due at time of service. For your convenience fees are payable as follows: Cash, Check, Visa, MasterCard, Discover, and Amex.**

**In consideration of many patients awaiting their dental treatment, appointments missed without prior notification (24 hours) will result in a charge of \$25.00 or what your Insurance plans allows per hour.**

**Thank you,  
Lombard Dental**

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**Signature of Patient or Guardian**

\_\_\_\_\_  
**Date**