



Michael W. Sturkie, Jr. DMD

3901-C Edmund Highway,
West Columbia, SC 29170
803.755.3953

michaelsturkie.com

Financial Policy

Thank you for choosing Airport Family Dentistry. Our goal is to provide you with optimal care based on your individual needs. An important part of our mission is making the cost of this care as easy and manageable as possible by offering several payment options. We accept Cash, Check, Visa, Mastercard, Discover, American Express and Care Credit. Please note that insurance coverage is only an estimate. The responsible party is liable for all treatment not covered by insurance. If your dental plan has not paid your account in full within 45 days, the balance is your responsibility, and must be paid once you receive your billing statement.

Payment in Full

5% discount for payment in full (with no pending insurance) at the time of service.

Care Credit Payment Plan

No interest payment plan for up to 12 months. No annual fees or pre-payment penalties.

* Subject to credit approval. See patient brochure for information and estimated monthly payments.*

Partial Payments

We can extend payments up to 90 days with the following option:

Automatic credit card payments using Visa, Mastercard, Discover or American Express. One half of the balance must be paid at the time of service. The remaining balance will be split into three automatic monthly payments using the debit or credit card number left on file in the office. Payments must be a minimum of \$50.

*All returned payments are subject to a \$25 fee, and the account will no longer be eligible for payment arrangements. Failure to make any of the above payments within 30 days of the posted date may result in the account being referred to a collection agency. The patient may terminate the agreement with a written notification at least 5 business days before the next scheduled automatic debit date.

Signature of Responsible Party: _____ **Date:** _____