



lawrenceville
dental implant center
& periodontics

John Lu, D.M.D.
Raúl H. Figueroa, D.M.D.

NJ Periodontics
Specialty Permit
L3986, F5876

Statement of Financial Responsibility

Payment of services is required at the time they are rendered.

For your convenience, payment may be made in cash, by personal check or by one of these credit cards: VISA, MasterCard or American Express.

If you have dental insurance, please provide us with the information. We will be glad to submit your claims to your insurance carrier for direct reimbursement to you.

Balances that remain unpaid for three or more billing months will be referred to our collection attorney's office.

Please contact the office if you have any questions about this policy.

Patient Print Full Name

Date

Patient Signature