



**NEW AGE DENTAL**  
1250 Greenwood Ave, Suite 2  
Jenkintown, PA 19046  
Tel. (215) 774-5500 Fax (267) 626-2054  
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## Payment Agreement

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand and agree that my co-payment, co-insurance and deductible are due and payable at the time of service. I understand that charges not covered by my insurance company as well as applicable co-payments and deductibles are my responsibility.

I authorize my insurance benefits to be paid directly to Dr, Kirill Vasilyev DDS or his office NewAgeDental.

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Signature of Patient or Guardian