

Follow These Instructions on How to Sign the Electronic Paperwork:
Requirements: Adobe Reader 11.0.03 version or higher or [click here to download](#)

Step 1: Once the file is open on your browser go to the lower right hand corner where there is an image of a floppy disk (red arrow) and then save it to your computer:

Required Deposit is = \$250.
Typical Charge for a case is \$1000 and after deposit \$750 is due on day of treatment.

Deposit Criteria:
Our group prides itself on it's preparedness, and coordination skills with your dental office. Due to the nature of how long it takes us to prepare for individual patients, and the underlying logistics for us to prepare, a deposit is required. Unfortunately because of the nature of our business and promptness to getting your treatment, not arriving to your office can delay another patient from receiving their care. Deposit is refundable depending on the circumstance and varies case by case, but cancellation greater than 72 hours prior to procedure is a must. This financial agreement must be signed and deposit must be mailed to or delivered to the dental providers office.

I, _____ Patient (or if under 18 years old, guardian or parent of _____)
understand that I am taking responsibility for the payment of anesthesia services. I know that by signing this document I am agreeing to pay Dr. Iason Ioseph the full fee for anesthesia services on the day of the procedure. I understand the payment for anesthesia services may be made by: Cash, Check, Money order, or credit card (Visa, Mastercard, Discover).

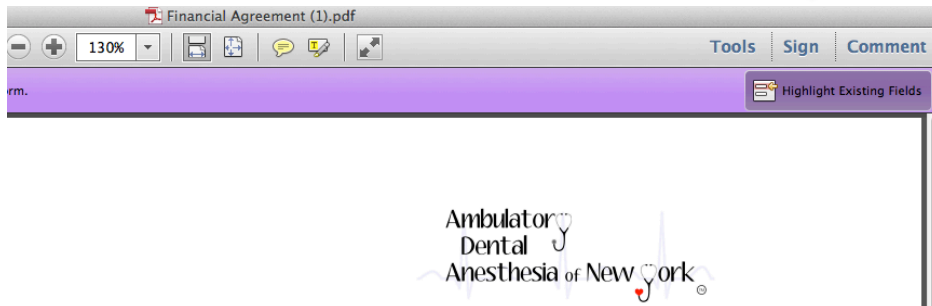
Credit Card Type: Please Circle: MC VISA DISCOVER
Card #: _____ Deposit Amount: _____
EXP Date: _____ Verification Code on back of Card: _____

Card Holder Name as it Appears on Card: _____
Billing Address: _____
Town: _____
Zip: _____

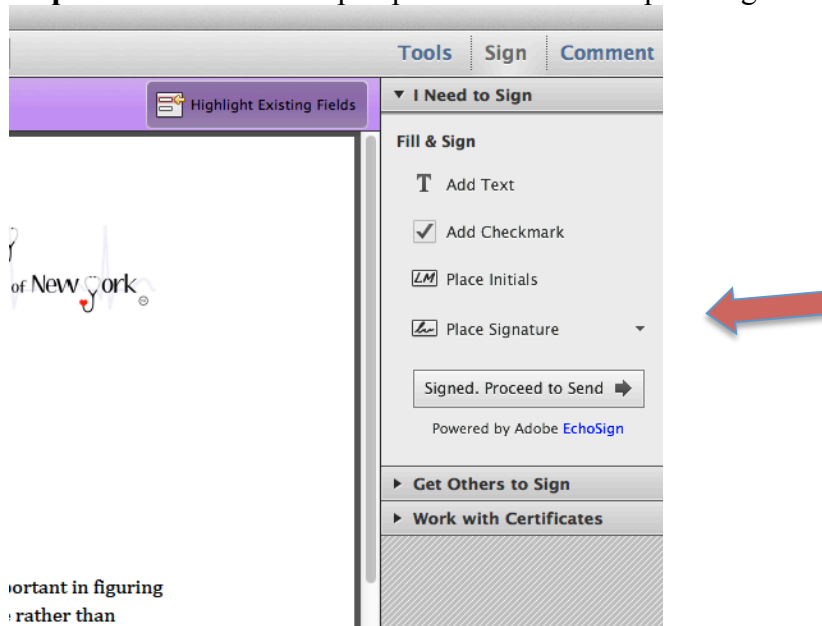
Signature: _____ Date: _____



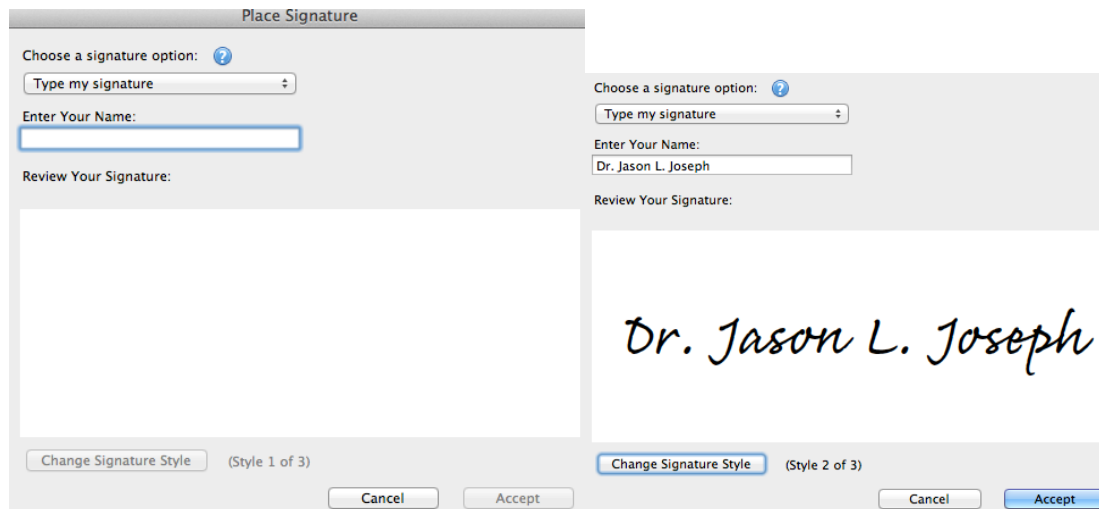
Step 2: Once Saved Open File in Adobe Reader, and Then Look for Sign Tool Box (red arrow shown below) then click it:



Step 3: Once toolbar is open proceed to click on place signature (red arrow):



Step 4: Enter your name and Review Your Signature, press accept once happy and then place signature in the designated box on form. Save Form – and email to ADAofNY@gmail.com



Example of Proper Placement:

I, _____ Patient (or if under 18 years old, guardian or parent of _____ understand that I am taking responsibility for the payment of anesthesia services. I know that signing this document I am agreeing to pay Dr. Jason Joseph the full fee for anesthesia services day of the procedure. I understand the payment for anesthesia services may be made by: Check, Money order, or credit card (Visa, Mastercard, Discover).

Credit Card Type: Please Circle: MC VISA DISCOVER
Card #: _____ Deposit Amount: _____
EXP Date: _____ Verification Code on back of Card: _____

Card Holder Name as it Appears on Card: _____
Billing Address: _____
Town: _____
Zip: _____
Signature: _____ Date: _____

Dr. Jason L. Joseph