

Malwin & Malwin
Family Dentistry
343 West Miami Avenue
Venice, Florida 34285
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IMPORTANT NOTICE TO OUR PATIENTS

Our Accountant has advised us to enforce our current policy with regard to payments due to this office.

Effective immediately, payment is due in full for services rendered at each appointment. As a courtesy to our patients who have dental coverage, we will supply a completed insurance form to mail to their insurance company so that they may be reimbursed for their respective payment.

We truly appreciate your confidence and the opportunity to meet your dental needs. For our many patients that have paid in full at the time of service we thank you! If you have any questions about this notice please feel free to call.

Jarl E. Malwin, DDS

Inger L. Malwin, DDS

Please Sign _____