

Financial Policy

Dear Patient:

Thank you for choosing us as your dental professional. The following information is our office's Financial Policy. Our main concern is that you receive the proper and optimum treatment needed. Therefore, if you have any questions or concerns about our payment policy, please do not hesitate to ask our billing department.

We ask that all patients read and sign our Financial Policy as well as complete our Patient Information Form prior to seeing the Dentist.

Payments for services are due at the time services are rendered. We accept cash, checks and credit cards. We will be happy to help you process your insurance claim for your reimbursement, provided that you give us all your proper insurance information. _____ (initials)

In special instances, we may accept assignment of insurance benefits. However, you must understand that:

1. Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. Our relationship is with you, not your insurance company. _____ (initials)
2. All charges are your responsibility whether your insurance company pays or not. Not all services are a covered benefit. Some insurance companies arbitrarily select certain services that they will not cover. _____ (initials)
3. Fees for these services along with unpaid deductibles and co-payments are due at the time of treatment. _____ (initials)
4. If your insurance company does not pay your claim, we ask that you contact your insurance carrier to help speed things up. _____ (initials)

Please note that unless cancelled at least 24 hours in advance, you may be charged for missed appointment at the rate of a normal office visit. Please call in advance to reschedule. _____ (initials)

We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account.

Patient Signature

Date