

We are committed to providing you with the best possible care. If you have dental insurance, we would be pleased to assist you in receiving your maximum allowable benefits. To achieve these goals, we need your assistance and understanding of your financial arrangement with our office.

Payment for services is due at the time services are rendered unless arrangements have been approved in advance. We will be pleased to assist you in processing your insurance claim for your reimbursement. Any remaining balance 30 (thirty) days after we have filed a claim for you becomes your responsibility and is due and payable. If you have secondary insurance we will be happy to show you how to file these claims to be reimbursed by your secondary insurance company. A service charge of 18% per annum accrues on any portion of a balance remaining over 90 (ninety) days.

Financial responsibility for patients that are minors lies with the parent who accompanies the child to the appointment. We cannot bill a parent that is not present in the office. We will happily provide a statement of services and payment receipt to you upon request.

Our staff will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize however;

1. Your insurance is a contract between you, your employer, and your insurance company.
2. The insurance coverage you will receive depends upon the quality of the plan purchased by the employer. Plans vary greatly and insurance companies do not give us the exact reimbursement amounts. Please contact your insurance company if you need an exact reimbursement amount.
3. While filing insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered.

For your convenience you may pay by cash, check Visa, Mastercard, Discover, or American Express. Financing is available with approved credit. Please ask us for details.

When canceling an appointment a 48 hour notice is required. If such a notice is not given, a \$76 fee (the minimum cost of your appointment) will be charged to your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask. We are here to assist you.

I have read the above Financial Policy and agree to all payment terms. I further authorize the office to release any information concerning my case to my insurance company.

Patient/ Responsible Party Signature

Date