

Financial Policy

We are committed to providing you with quality dental care, and are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have questions about our fees, financial policy, or your responsibility.

REGARDING INSURANCE- Insurance is a contract between you and your insurance company. We are not a party to your contract. Please be prepared to present your current insurance card and identification to front office upon request. We will file your insurance for you, however any amount that exceeds your benefits is your responsibility. Estimated co-payments, deductible, and fees for non-covered services are due when services are rendered. You are responsible for the timely payment of your account. **After 60 days, it is the patient's responsibility to pay the balance of the account even if there is an insurance claim pending.**

A Patient may be asked to pay the full amount at time of service due to slow payment history with our office, however, we would be happy to file the patients insurance for direct patient reimbursement.

By signing below I acknowledge that I am 18 years of age or older. **I have read and understand the above terms and conditions and verify so by giving my signature.**

Patient/Responsible Party _____ Date _____

Contact Numbers

Preferred contact number(s) work/cell/home Primary _____/Secondary _____

Leave a message on your answering machine at home? Yes/No

Leave a message on your voice mail on cell phone? Yes/No

Leave a message at your place of employment? Yes/No

Discuss your dental condition with anybody? Yes/No

If yes, who: _____ Relationship _____

who : _____ Relationship _____