

## FINANCIAL POLICY

**PATIENTS WHO SUBSCRIBE TO PPO & HMO INSURANCE ARE FULLY RESPONSIBLE TO UNDERSTANDING THE LIMITATIONS OF THEIR SPECIFIC PLANS. PLEASE INQUIRE AS TO WHETHER YOU CAN CHOOSE A DENTIST OF YOUR CHOICE.**

As your dentist, we are committed to providing you with the best possible dental care. In order to achieve this goal, we need your assistance, and your understanding of our payment policy, your cooperation is appreciated.

**PAYMENT FOR SERVICE IS DUE AT THE TIME SERVICES IS RENDERED.**

We accept cash, personal checks, Mastercard, Visa, Discover and America Express. Returned checks are subject to a service charge of 25.00 and you will lose your privilege to write checks in our office.

**CANCELED APPOINTMENTS**

Patients who do not cancel appointments with a minimum of 24 hour notice or do not show. Will be charged for the missed appointment and may be discharged from the practice.

**FINANCIAL AGREEMENT**

We will gladly discuss your proposed treatment and do the best to answer any questions relating to your insurance. You must realize, however that:

Your insurance is a contract between you, and your employer and the insurance company. We are not party to that contract. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover (e.g., more than two cleanings per year). We are not responsible for any of the clauses as an example, some insurances will not pay for a dental cleaning if it is less than 6 months and a day, some will pay for 2 cleanings a year regardless of the calendar year Just to show you an example of some of the clauses we do not take responsibility. Insurance does not always pay 100% (e.g. because of deductibles or different percentages honored by the insurance company).

**We must emphasize that as your Dental care providers, our relationship and concern is with you and your dental health, not your insurance company. ALL OTHER CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICES ARE RENDERED.** On any balance on your account After 90 days, including those that insurance has not paid, collection action will be taken. We realize that emergencies do arise and may affect timely payment of your account. If such extreme cases occur, please contact us promptly for assistance in the collection, including attorney's fees, whether suit is filed or not.

If it becomes to collect any sum through an attorney, than the patient agrees to pay all reasonable costs of collection, including attorney's fees, whether suit is filed or not.

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

I have read and understand the above Financial Policy.

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Signature

Date

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Witness

Date