



We are committed to providing our patients with the best possible care. We would like you to be informed of our office financial and insurance policy. Payments are expected at the time services are rendered. If you have dental insurance, we are happy to help you receive your maximum allowable benefits. To maintain the practice operation and to prevent potential misunderstanding, we ask patients to accept and adhere to financial arrangements regarding their dental treatment.

We accept cash, personal checks, MasterCard, Visa, Discover and American Express. In addition, we offer an excellent **third party financial payment plan** for balances over \$600. Our office staff would be happy to provide you with more detailed information on this plan if you are interested. Returned checks will be subject to a \$30 bank processing fee.

If you have dental insurance, please provide us with complete insurance information, and we will help you process your insurance claim for your reimbursement. In special instances, we accept assignment of insurance benefits. However, please be aware of the following:

- 1. YOUR INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE CARRIER AND YOUR EMPLOYER. WE ARE NOT PARTY TO THAT CONTRACT. OUR FINANCIAL RELATIONSHIP IS WITH YOU NOT YOUR INSURANCE COMPANY.**
2. All charges are your responsibility whether your insurance company pays or not. Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
3. Fees for these services, along with unpaid deductibles and co-payments are due at the time of treatment.
4. If the insurance company does not pay your balance in full within 60 days, we will require you to pay the balance due with cash, check, MasterCard, Visa, Discover or American Express.

We must emphasize that as dental care providers, our relationship is with you, the patient, not your insurance company. While filing the insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. We realize that temporary financial problems may affect timely payments of your account. If such situations do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information, please do not hesitate to ask us. We are here to assist you with any questions or concerns you may have.

I have read the policies described in this form. I agree to abide by the terms outlined. I understand and accept my financial responsibilities.

X _____
Signature of Patient and/or Responsible Party

Date