

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions about these matters, please speak with one of the front desk staff. We are dedicated to providing the best possible care and service to you and believe that your understanding of your financial responsibilities is an important element of your relationship with our practice.

Your insurance policy is a contract between you and your carrier. The doctor is not involved. All dental plans do not cover the same services at the same payment schedule. Due to the large number of dental plans that we deal with, we cannot assure that any specific amount of any charge will be covered. Your involvement in knowing what your insurance covers is important and we encourage you to become familiar with your particular plan. This information is best obtained from your insurance company. Deductible, copayment, and "non covered" amounts are the responsibility of the patient and are due at the time of service. For your convenience, we accept Visa, Master Card, Citi Health and Care Credit.

Unfortunately, if we are unable to collect copays, deductibles, or other amounts that are the patient responsibility, we will use an outside collection agency to collect all amounts due, plus the cost of collections. This can increase your bill by 50%, so please communicate any delays in payment as soon as possible.

"Usual, customary and reasonable" are terms used rather broadly in the insurance industry. We are bound by contractual agreements to accept negotiated payments with some carriers, but this does not apply to all insurance plans. In some cases there may be a difference between our charge and the insurance company's UCR, in which case you will be responsible for the balance.

If you have no insurance, all charges are due in full at time of service unless prior arrangements are made.

A \$50 per 1/2 hour charge will be added to your account if you fail to cancel your appointment at least 24 hours in advance or if you fail to show for your scheduled appointment. This amount will be your responsibility and is not billable to your insurance.

(Please print name)

(Signature)

Date: _____