

IMPORTANT FINANCIAL INFORMATION PLEASE READ CAREFULLY!

As a condition of your treatment by this office, *payment is expected when service is rendered*, unless financial arrangements have been made in advance.

Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient and that *he or she is personally responsible for payment of all dental services*.

As a courtesy to our patients, our staff will help prepare the patient's insurance forms or assist in making collections from insurance companies and will credit any such collections to the patient's account. However, this dental office cannot render services on the assumption that our charges will be paid by an insurance company. Any anticipated co-payment will be estimated and we will ask that you pay it at the time of service. Should you have any financial problems that may result in the delayed payment of your bill, please do not hesitate to discuss the situation with our Office Manager.

Please remember that *your insurance coverage is a contract between you and your insurance carrier*. Be aware, even though your Dentist recommends appropriate treatment, our insurance carrier reserves the right to deny any or all of your claims, based upon whether the claim meets the requirements in your policy. While we will do our best to maximize the benefits received from your insurance, we have an obligation to advise you on the best and most appropriate needs for maintaining optimum oral health. It is best to be informed on the details of your dental insurance coverage.

All emergency dental services, or any dental services performed without previous financial arrangements, must be paid for in cash at the time services are performed.

A services charge of 1 1/2 % per month (18% per annum) on the unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial arrangements are satisfied.

I understand that the fee estimate listed for this dental care can only be extended for a period of six months from the date of the patient examination.

If you need to reschedule your appointment, we would appreciate your giving us at least twenty-four (24) hours advance notice. *We reserve the right to charge for appointments cancelled less than twenty-four (24) hours prior to the scheduled time.*

Signature

Date