

## OUR FINANCIAL POLICY

We are committed to providing you with the best possible care and we are pleased to discuss our services with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Some major procedures will require advanced payment in order to schedule an appointment. Please ask if you have any questions about our fees, financial policy, or your responsibility.

### INFORMATION

Prior to receiving service, you must complete our patient information form and any necessary insurance forms, as well as provide your insurance card or information for photocopying.

### X-RAY DUPLICATING

We are more than happy to accommodate requests for copies of x-rays. X-ray duplication for transferring dental providers may be done for a fee of \$10. X-ray copies for referrals or specialties will be done as a courtesy for patients of record.

### INSURANCE

Insurance is a contract between you and your insurance company. We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, "usual and customary" charges, etc., other than to supply factual information as necessary.

You are responsible for the timely payment of your account. You will be responsible for any services and any deductibles or other amounts not covered by your insurance company. If we can determine these amounts at the time of service, you will be asked for payment at that time. **It is your responsibility to know the terms and conditions of your insurance coverage. It is also your responsibility to follow up to be sure that your insurance company has paid for your services, whether or not you are notified of any problems by this office.**

If you have no proof of insurance, or if your insurance coverage cannot be verified, payment is due at the time of service. We will be glad to fill out an insurance form at a later date so that your insurance company can reimburse you directly.

### SELF-PAY

If you do not have insurance, payment is expected in full at the time of the visit. Payment plans can be arranged, on a limited basis, provided that full payment is made prior to time of service. We accept cash, checks, and Visa/Master Card.

### BROKEN or CANCELLED APPOINTMENTS

Patients will be charged a **\$45** fee for broken or missed appointments. Please notify us in a timely manner (24-48hrs) if you need to reschedule your appointment.

### LITIGATION

Patients involved in an auto accident, workman's compensation case, personal injury lawsuit, school-related injury, or other accidents are, as all other patients, responsible for their bills at the time of service. We will, as a courtesy, send your lawyer a statement of your charges if you provide us with a name and address.

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I have read the above policy and understand my responsibility for my (or my family's) account.

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Signature

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Date