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Thank you for choosing our practice for your dental care. Our office will submit applicable claims to certain insurance companies for services rendered. For anticipated *partial* insurance coverage, we will provide the patient with a treatment plan stating recommended procedures and *estimate your expected insurance benefits and your co-payments*. Please note, that insurance is a contract between you and your insurance company. Although we may estimate what your insurance benefit may pay, it is the insurance company that makes the final determination of benefits. **If you have any questions regarding details and/or restrictions of your plan, you should contact your insurance carrier.**

FINANCIAL POLICY

* Payments (estimated co-payments) **are due at the time of service for each procedure.**

* A $10.00 minimum on all credit card transactions please.

* Balance Statements:

If a claim is submitted on your behalf, you will be balanced-billed for:

- ► All non-covered services;
- ► Resulting balances/co-payments from primary and/or secondary insurance coverage
- ► Deductibles

* Payments:
The balance is due within 30 days from the date the statement is issued.

* Re-Billing Fee:
A re-billing charge of $5.00 will be imposed on each account that is over 30 days past-due.

* Returned checks: The current fee of $30.00 will be imposed for any checks returned by the bank.

* Past Due Accounts:
The patient and/or responsible party will be responsible for payment of all collection costs which are incurred; in addition to all legal fees and court costs which we may incur.

* Transferring of Records:
In addition to signing a medical/dental information waiver authorization, a fee ($30) may be assessed for duplicating radiographs.

* Missed/Broken Appointment Fee:
We require a 24 hour advanced cancellation/reschedule notice *so that we may kindly offer your appointment to another patient.*
Failure to arrive or cancel with less than 24 hours notice may result in a charge of $50.00 per appointment.

Patient's Name: _____

X_____
Responsible Party ***signature***

Responsible Party: _____

Date: _____

The above signed has agreed to all of the terms and conditions contained herein and the agreement will be in full force and effect.
12/17/2009