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Periodontics • Implants

Diplomat of the American Academy of Periodontology

FINANCIAL POLICY AGREEMENT

We are committed in providing you with the best possible care. If you have dental or medical insurance, we are most happy in helping you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, checks, Debit Cards, Discover, Visa, Master Card and American Express. We will be happy to help you process your insurance claim form for your reimbursement. When scheduling an appointment with our office we require a 48-hour notice prior to your appointment. . Otherwise, there will be a \$50.00 missed appointment fee applied to your account Treatment appointments made must have a 20% deposit applied to your account when scheduling. We require a 1-week notice for a cancellation of a treatment appointment or the 20% deposit will be non-refundable. Additionally, returned checks are a \$35.00 fee. Balances older than 30 days are subject to additional collection fees.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

YOU MUST REALIZE THAT:

- Your insurance is a contract between you, your employer and the insurance company.

WE ARE NOT A PARTY TO THAT CONTRACT.

- You are responsible for all charges incurred. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

**WE MUST EMPHASIZE THAT AS A MEDICAL PROVIDER,
OUR RELATIONSHIP
IS WITH YOU, NOT YOUR INSURANCE COMPANY.**

While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems affect timely payment of your account. If such problems should arise, we encourage you to contact our office promptly for assistance in the management of your account.

If you should have any questions regarding this information, we encourage you to ask questions. Please do not hesitate discussing any concerns. We are here to help you!

Patient Signature

Print Name

Parent or Guardian Signature

Date