Welcome to our practice we appreciate the trust you have placed in us!!

INSURANCE

Please understand that the contract is between you and the insurance Co. and payment for services will ultimately be your responsibility. We will accept assignment of claims for primary insurance. **INITIAL: _____**

ALL DEDUCTIBLES AND FEE AMOUNTS NOT COVERED BY INSURANCE ARE DUE AT THE TIME OF TREATMENT.

Our office will not enter into a dispute with your insurance company over your claim. This is your responsibility and obligation. **If at the end of 60 days, your insurance company has not paid, you are responsible for the entire balance.** Upon request, we will supply you with a copy of the claim so that you can resubmit if necessary.

Please be advised that you may be billed for services that your insurance company will not cover due to exclusions or plan limitations. In most cases, a pre-treatment estimate can be sent to your insurance company, therefore giving us an estimated portion due by you at time of service. (Upon request) **INITIAL: _____**

Please be advised that we do not do amalgams (silver fillings) in our office. Most insurances apply alternate benefit on Composite (white) fillings at a reduced rate, making you responsible for balance owed.

Payment is due at the time service is rendered. We accept cash, check Visa, Mastercard, AmEx and CareCredit.

If you present a check for insufficient funds or stop payment on an issued check, you will be charged a $ 35.00 processing fee. In the event that your account is turned over to our collection agency, a 40% charge will be added on to the entire family balance. **INITIAL: _____**

CANCELLATION

If you break an appointment with our office, we ask for a 24 hour notice of cancellation.

If we do not receive a 24 hour notice, you will be charged a $35.00 fee for the scheduled appointment. This fee cannot be charged to your insurance company. If you repeatedly miss scheduled appointments you may be asked to pursue treatment elsewhere. **INITIAL: ________**

I have read and understand the statements outlined above.

SIGNED _______________________________________ DATE _______/________/________

PRINTED ____DATE _______/________/_______

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