



We are committed to providing you with the best possible care. If you have dental insurance, we are happy to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and 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, check, MasterCard, Visa, AMEX and Discover. We will be happy to file your insurance claim for your reimbursement. In order to process your claim we will need a completed insurance form before we can proceed. Our insured patients are required to pay the estimated amount at the time of their visits. Any portion remaining will be billed.

Returned checks will be charged a \$25.00 fee upon notification to us by the bank. You will receive communication from us if this occurs. Balances older than 60 days may be subject to additional fees and/or interest charges of 1 1/2% per month. Charges may also be made for broken appointments and appointments canceled without 24 advance notice.

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

You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of "U.C.R.". "U.C.R." is defined as usual, customary and reasonable by most companies. This statement does not apply to companies who reimburse based on arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select services they will not cover.

We must emphasize that as dental care providers, 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. Each month you will receive a statement reflecting all transactions on your account. We realize the temporary financial problems may affect a timely assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE, do not hesitate to ask us. WE are here to help you.

Signed (Patient or Parent if Minor) _____ Date _____