

## OUR MISSION STATEMENT

To provide our patients the highest quality dental care in a safe, efficient and comfortable environment.

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Please Print (Last Name)

(First Name)

(M.I.)

### FINANCIAL AGREEMENT

Thank you for choosing us to provide your dental care. We consider it an honor to have been chosen by you to do so. Our philosophy in serving people is to be informative, honest and forthright. Nowhere is that more important than in the area of finances. This Financial Agreement is indicative of our respect for your right to know ahead of time what our expectations are in the area of finances. If you have any questions or concerns about our Financial Agreement please do not hesitate to ask our business office staff.

**DENTAL INSURANCE:** As a courtesy we will gladly file your claims and accept assignment of dental insurance benefits provided you agree to the following:

- \* You must provide us with an insurance card and all the information necessary to verify your coverage and file your claim.
- \* Although we may estimate your insurance benefits we are not responsible for their accuracy. Knowledge of benefits as well as benefit amounts, limitations, exclusions, waiting period, ect. is entirely YOUR responsibility. Receiving our services indicates your acceptance of responsibility to pay regardless of our estimate.
- \* Your insurance policy is a contract between you, your employer and the insurance company. All charges not paid by your insurance company are your responsibility regardless of the reason for nonpayment. Not all the services we provide are covered benefits. Benefits differ from one company to another. Fees for non- covered services, along with deductibles and co-payments are due at the time of treatment.

### PAYMENT POLICY

- \* We accept cash, personal checks, debit cards, Visa, MasterCard and Discover.
- \* After dental insurance has paid its portion, a statement is sent to the mailing address on record, for the unpaid remaining balance. Payment is expected within 30 days of the statement date.
- \* We do not file claims for medical insurance.

**PAYTIENTS WITHOUT INSURANCE COVERAGE:** We provide written estimate of fees, and payment is expected at each visit for services rendered.