

Financial Responsibility

- **As a courtesy, we will file your insurance claim for you if you assign the benefits to the doctor, in other words you agree to have your insurance pay the doctor directly.**
- **If your insurance company does not pay the practice within a reasonable length of time, (within 45 days) you may be responsible.**
- **Your insurance policy is a contract between you and your insurance company; the doctor is not involved.**
- **We have made prior arrangements with many insurers and other dental plans to accept an assignment of benefits. We will bill those plans for which we have an agreement and will only require you to pay the authorized co-payment at the time of service. We will collect the co-payment at the time of the service.**
- **If you fail to notify us of an insurance change, you are fully responsible for any amount not paid by your insurance company.**
- **Full payment is due at the time of service. For your convenience we will accept all major credit cards.**
- **All dental plans are not the same and do not cover the same services. In the event your dental plan determines a service to be “not covered”, you will be responsible for the complete charge.**
- **In order to provide the best possible service and availability to all our patients please call us as early as possible if you know you need to reschedule your appointment. There is a late cancellation fee if you do not cancel or reschedule your appointment within 72 hours.**

I have read and understand the financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

I hereby state that I have listed ALL the DENTAL INSURANCE COVERAGE that I currently have, and am aware of no other insurance(s). Otherwise, I am responsible for any claims not paid because of not informing this clinic of all coverages.

Signature of Party who filled out the registration forms and is responsible for this agreement

Today's Date
