



## Office Financial Policy

We feel that everyone benefits from when there is a definitive and clear financial policy between the Patient and the Doctor Prior to treatment.

PLEASE BE AWARE, IT IS YOUR RESPONSIBILITY TO KNOW  
YOUR INSURANCE COVERAGE

### For Non-Insured Patients:

Total payment is required for services rendered the day of treatment.

We accept cash, check, MasterCare, Visa, American Express and Discover.

### For Insured Patients:

As a courtesy, we will help you complete and process your claim. Please note that it is your responsibility to confirm with your dental insurance that you are free to see the provider of your choice. Even though we are in network some insurances, there are certain clauses in dental insurance contracts that only allow for specific networks.

**Any difference between our charges and what your insurance company pays is strictly your responsibility. Regardless of the status of your insurance claim, after 30 days, you will become totally responsible for the entire balance.**

WE ARE NOT a Medicare/Medicaid provider. Therefore, we are unable to process the paper work for Medicare/Medicaid.

**I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS OF THIS OFFICE FINANCIAL POLICY**

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Signature of Patient or Representative

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Printed Patient Name

Date of Birth

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Date