

Payment Policy:

PAYMENT IS DUE AT TIME OF SERVICE

We are committed to providing you with the best possible care. This information is designed to guide you through the rapidly changing world of dentistry and insurance plans. **Please read carefully and sign at the bottom of the page indicating your understanding and acceptance of our policies and procedures.**

If you have dental insurance, we can provide you with a receipt for you to submit or as a courtesy submit your claim for you. Our receipt is suitable for your insurance company. We will have you pay for any **deductibles and co-pays** required at the time of service.

PAYMENT IS DUE AT THE TIME OF SERVICE UNLESS PAYMENT ARRANGEMENTS HAVE BEEN MADE AND APPROVED IN ADVANCE.

YOU MUST REALIZE THAT:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not included in your contract.
2. Not all services are covered by all insurance policies. Some companies select certain services that they will not cover.
3. The "Usual and Customary Charges" that may be quoted by your insurance company are charges that have been determined and set by your insurance company. They do not necessarily reflect our fees.

We must emphasize that as health care providers, **our relationship is with you**, not your insurance company. While filing your insurance claims for our patients is a courtesy that was extended, **ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICE IS RENDERED.** We do realize that there are times that a temporary financial problem may affect your payment of your account. In that case, PLEASE, contact our financial advisor for assistance so that we may be able to set up payment options for you.

If you have any questions, feel free to ask us. We will be glad to help.

REGARDLESS OF ANY INSURANCE COVERAGE THAT I MAY HAVE, I AGREE THAT IT IS MY RESPONSIBILITY TO PAY MY BALANCE AND WILL PAY ANY BALANCE DUE.

Signature: _____

Date: _____