

### **Financial Commitment**

We value clear communication in providing you with the highest quality of dentistry. In order to achieve this goal, a mutual understanding of your financial commitment is described below.

Payment is due at the time of service and may be made by:

- Cash
- Check
- Master Card, Visa, Discover or American Express

Your insurance claim will be processed when we receive complete information from you. Please keep in mind the following as we work with you to provide quality treatment and help you receive your maximum allowable benefits.

- Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract. We must emphasize that as dental care providers our relationship is with you, not the insurance company. While the filing of claims is a courtesy we extend to our patients, all charges are your responsibility from the date services are rendered. Whatever is not paid by the insurance company within 60 days, the patient is liable for in full.
- Most insurance companies consider our fees “usual, customary, and reasonable” (U.C.R.) for the region: therefore, carriers who pay a percentage (such as 50% or 80%) of U.C.R. will generally pay the maximum allowance. Some insurance companies reimburse on an arbitrary “schedule” of fees and not the U.C.R. This type of reimbursement bears no relationship to the current standard and cost of care in this area.
- Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
- Payment in full is required at the time of service; however, only the estimated patient portion will be required at that time if benefits and eligibility can be determined and benefits are assigned to this office. After the insurance company has paid its portion, any remaining balance must be paid promptly. We will immediately reimburse you for any over payment.
- Returned checks and balances older than 30 days may be subject to additional collection fees and interest charges of 1.5% per month. If temporary financial problems affect timely payment, please contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE don't hesitate to talk with us. We are here to help you.

**I have read the above information. I understand and agree that (regardless of my insurance status) I am ultimately responsible for any professional services rendered.**

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_