

FINANCIAL POLICY

You are responsible for payment for all services you receive in our office. Please understand that your dental insurance is a contract between you and your insurance company, you are ultimately accountable for any unpaid balance.

We strive to give our patients a complete understanding of all fees associated with necessary treatment. An *ESTIMATE* is given to each patient prior to scheduling.

If you would like, you may ask us to send a Pre-authorization to your insurance prior to scheduling treatment. Please understand that even if a pre-authorization is done, that is not a 100% guarantee that insurance will cover the treatment. We will provide your insurance with all necessary documentation, in an effort to minimize this risk.

We have no control over the insurance companies; we do our very best to educate you on your benefits. Please be sure you understand your benefits and contact your employer if you have questions or concerns.

Co-pays are due at time of service. We accept cash, check, Visa, Mastercard, American Express & Discover.

I have read and understand the above statement.

Patient name

Date