



ABOUT FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE

We are committed to providing you with the best possible care. If you have dental or medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, checks, MasterCard, or Visa. We will be happy to help you process your insurance claim form for your reimbursement. Any such request must be accompanied by a completed insurance form at each visit. In special instances we may accept assignment of insurance benefits.

Returned checks and balances older than 30 days may be subject to additional collection fee and interest charges of 1½ % per month. Charges may also be made for broken appointments and appointments cancelled without 24 hours advance notice.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50%, or 80%) of "U.C.R.". "U.C.R." is defined as usual, customary and reasonable fees for this region. Thus, our fees are considered usual, customary and reasonable by most companies. This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to 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 ask us. We are here to help you.

PLEASE COMPLETE REGISTRATION ON OTHER SIDE

PATIENT INFORMATION FORM

NAME _____ HOME PHONE _____ WORK PHONE _____ x _____
CELL PHONE/PAGER _____ EMAIL _____
HOME ADDRESS _____ CITY _____ ZIP CODE _____
SPOUSE'S NAME _____ WORK PHONE _____ x _____
NEAREST RELATIVE NOT LIVING WITH YOU _____ PHONE _____
NEAREST FRIEND NOT LIVING WITH YOU _____ PHONE _____
PHYSICIAN _____ PHONE _____
DENTIST _____ PHONE _____
LANDLORD _____ PHONE _____
WHOM MAY WE CONTACT IN THE CASE OF AN EMERGENCY? _____ PHONE _____
WHOM MAY WE THANK FOR REFERRING YOU TO US? _____ PHONE _____
SOC. SECURITY # _____ D.O.B. _____
WHO IS FINANCIALLY RESPONSIBLE FOR THIS BILL? _____

IF YOU HAVE INSURANCE:

SUBSCRIBER _____ D.O.B. _____
CARRIER _____
EMPLOYER _____
ID NUMBER _____
GROUP NUMBER _____

I WILL BE PAYING TODAY BY CASH _____ CHECK _____ CREDIT CARD _____

I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information on both sides of this sheet and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my health status or the above information.

Signature

Date _____