

FINANCIAL POLICY AND RELEASE BENEFITS:

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Feel free to ask about our fees, Financial Policy, or your responsibility.

IF YOU HAVE INSURANCE:

Dental insurance is a contract between you and your insurance company. It is your responsibility to understand the extent and limits of your coverage, and to provide our staff with accurate information to process your claim efficiently (i.e. insurance company address, phone number, etc.). It is not our place to enter into disputes between you and your insurance company regarding deductibles, copayments, etc. other than to provide factual information. We do not directly participate with most insurance programs; however, as a courtesy, we do process your claim for payment to be made directly to you. Certain conditions may apply to your financial arrangements that may require your authorization for release and assignment of benefits. Your signature below authorizes us to offer this when it applies to your situation. If we do not participate with your insurance, 100% of the total cost is requested at the time of treatment. If you are unable to pay 100%, affordable payment options are always available. Our staff will help you process whatever paperwork is required; however, the ultimate responsibility lies with you for payment of any and all monies due.

INSURANCE RELEASE AND ASSIGNMENT OF BENEFITS

By my signature below, I hereby authorize this office to release to your benefit program or its representative any information including the diagnosis and the records of any treatment or examination rendered to me. I authorize, if applicable, payment to be sent to this office.

HOME/CELL PHONE/ANSWERING MACHINE AND EMAIL CONSENT

By my signature below, I hereby authorize this office to contact me via email, my home phone, cell phone and/or work phone numbers provided, as well as leave messages regarding any aspect of my treatment, financial planning, and insurance information that may be necessary.

**YOU ARE RESPONSIBLE FOR THE TIMELY PAYMENT OF YOUR ACCOUNT
I AGREE TO BE FINANCIALLY RESPONSIBLE FOR SERVICES RENDERED:**

Signature of Insured: _____

Date _____