



Dear Patient,

It is important to understand that this is a private practice. We are committed to providing you with the best possible care, and as such, this office continues to operate on the fees charged for dental services. It must be noted that all patients are ultimately responsible for all fees charged. Your clear understanding of our financial policy is important to our professional relationship.

Insurance

For those who have dental insurance, it is important to understand that actual benefit coverage varies depending on the individual insurance policy. The amount of the fees not covered by the insurance company is known as the **Co-Payment**. **All Co-Payments are expected at the time of services.**

As a courtesy, we will be happy to help you determine coverage you have available. We estimate as closely as possible your co-payments; however, your insurance is a contract between you and your insurance company. We, therefore, cannot guarantee payment of your claims or accept the responsibility of negotiating claims with insurance companies or other persons. If your insurance company pays only a portion of the bill or rejects your claim, you are responsible for full payment for services rendered.

Again all patients are ultimately responsible for all fees charged. If you refuse to pay your responsible amount, we reserve the right to send you to a collection agency.

If you are unable to keep your appointment, you must cancel within 24 hours or you will be charged a \$25.00 fee. Please help us serve you better by keeping scheduled appointments.

Responsible Party Signature: _____ **Date:** _____