

**Welcome to our practice  
We appreciate the trust you have placed in us**

**Please be advised that you must turn off all cell phones or pagers once you are in the back office. Also, only patients are allowed in the treating room.**

**Insurance**

Professional services are rendered and charged to you, not your insurance company. Please understand that the contract is between you and the insurance company and payment for the services is your responsibility. We will accept assignment of claims for primary insurance. **ALL DEDUCTIBLES AND FEE AMOUNTS NOT COVERED BY INSURANCE ARE DUE AT TIME OF TREATMENT.** We do not file secondary insurance.

Our office will not enter into a dispute with your insurance company over your claim. This is your responsibility and obligation. **If at the end of 60 days, your insurance company has not paid, you are responsible for the entire balance.** Upon request, we will supply you with a copy of the claim so that you can resubmit if necessary.

In order to honor any insurance benefits, you must provide insurance identification (i.e., insurance cards, phone numbers and picture I.D.) and we must be able to verify the current benefits available.

**Please be advised that you may be billed for services that your insurance will not cover due to exclusions or plan limitations.** In most cases, a pre-estimate can be sent to your insurance company, therefore giving us an estimated portion due by you at the time of service.

**Please be advised that we do not do amalgams (silver fillings) in our office. At times, insurance may pay the composite (white) restorations, at a reduced rate, making you responsible for the balance owed.**

**Office Fees**

Payment is expected at the time service is rendered. We accept cash, check, visa and master card. If you present a check for insufficient funds or stop payment on an issued check, you will be charged a \$35.00 processing fee, and responsible for the entire balance in cash, or money order. **In the event the delinquent account has been turned over to our collection agency a 40% collection fee will be added to your account for the entire balance.**

**If you break an appointment with our office, we ask for a 24 hour notice of cancellation.** If we do not receive a 24 hour notice, you may be charged a \$30 fee for the scheduled appointment. This fee can not be charged to your insurance company. If you repeatedly miss scheduled appointments you may be asked to pursue treatment elsewhere.

**Dentist employed at this location are independent contractors.**

I have read and understand the statements outlined above.

Signed \_\_\_\_\_ Date \_\_\_\_\_