

FEES AND SERVICES

(PLEASE INITIAL EACH ONE, THEN SIGN AT BOTTOM)

- As a courtesy to you as a patient, we contact your insurance company prior to your appointment to inquire about your insurance coverage. It is to help us help you understand your insurance benefits. HOWEVER, in some cases we are not given accurate information by your insurance representative. We are not liable for information given to us by your insurance company. Your costs of proposed treatment plan from us will only be an estimate. Your insurance company will make a final determination which benefit AND how much you are eligible for a particular procedure. A balance may occur after a final insurance payment for a service rendered and it is your responsibility. We would advise you to contact your insurance company directly to learn more about your dental benefits. ____
- Some insurance require pre-authorization prior to actual dental treatment. We request a deposit of \$25.00 to initiate the necessary paperwork with your insurance company. This amount will be applied towards your co-payment of the service to be rendered. It will be forfeited, however, if you either later decide not to proceed or let the insurance's tentatively approved authorization expired. Please note an insurance's pre-approval does not guarantee insurance payment. Your insurance again will make the final determination after the service is rendered. (Yes, it may sound convoluted but it's the truth-). ____
- If there is a balance incurred with your account and it is not paid within 30 days upon receipt, the account will be sent to a collection service. You will be responsible for any collection costs, the attorney fees and an annual interest rate of 18% on the unpaid balance. ____
- There is a \$45.00 charge to your account per a returned check due to insufficient fund or any other reasons with your bank. ____
- If we process your check electronically and it is declined, there is a charge to you by the processing bank. Please ask the Administrative Staff. ____
- A service charge of \$25.00 will be added to your account for cancellation of your appointment within 24 hours of your scheduled appointment. ____
- To receive a copy of your dental records, there is a nominal charge of \$8.00 per x-ray duplication, \$0.60 per page of therapy records and \$15.00 for certified mail within the USA. Payments are due at the time you fill out the Release of Dental Record form. We can't process any verbal request due to strict HIPPA laws. ____
- We are no longer accepting dual insurances except in certain cases. Please see an Administrative Personnel for further explanation. ____

Patient Signature: _____ Date: _____

Patient Name: _____