FINANCIAL POLICY

Thank you for choosing our office as your dental healthcare provider. We are committed to providing you with the highest quality lifetime dental care, so that you may attain optimum health. The following is a statement of our financial policy, which we require that you read, agree to, and sign, prior to any treatment. Please note that payment of your bill is considered part of your treatment. Payment is due at the time service is provided. Our office accepts cash, Giro card, Visa, and MasterCard as payment.

- TriCare/United Concordia Patients: As a courtesy to you, and as a TriCare/United Concordia preferred provider, we will help you process all your dental claims. Please understand that we will provide an insurance estimate to you, **however it is not a guarantee that your insurance will pay exactly as estimated.** Your insurance company and your plan benefits ultimately determine the amount paid. We will, of course, do all we can to make sure your estimate is as accurate as possible. **All charges you incur are your responsibility regardless of your insurance coverage.**

- Traditional Plans: Patients with all other insurances will pay the total fee up front at the time of the appointment, and we will then assist you in getting reimbursed from your insurance carrier. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and your insurance company. Our office is not a party to that contract.

I have read, understand, and agree to the above terms and conditions. I understand that responsibility for payment of dental services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered. I also understand any services not covered by my insurance plan or denied by my insurance plan are my responsibility to pay.

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Patient and or Guardian Signature   Date