

Financial Policy

PATIENTS WITH INSURANCE COVERAGE THAT WE PARTICIPATE WITH

We will be glad to help you obtain the appropriate benefits from your insurance carrier and bill your carrier as a courtesy to you. However, you are responsible for the payment of your account. Any applicable deductibles, estimated co-payments, procedures not covered by your insurance company and amounts that put you over your maximum yearly benefits will be collected at the time service. You will be responsible to know your insurance benefits and monitor your yearly maximum. Outstanding insurance claims not paid by your insurance carrier with a reasonable amount of time (60 days), are your responsibility and must be paid promptly by you. We will be happy to request a pre-estimate of benefits from your insurance carrier if you request us to do so. Routine treatment is generally performed without submitting a request for pre-estimate of benefits.

PATIENTS WITH INSURANCE COVERAGE THAT WE DO NOT PARTICIPATE WITH

Due to the time consuming complexities of administering insurance coverage in these plans, the patient will be responsible for submitting to their insurance company for reimbursement. A claim form will be provided. The patient is financially responsible for dental treatment at the time of service.

SECONDARY INSURANCE COVERAGE

Insurance claim form will be provided to you for submission to your secondary insurance for reimbursement to you. We do not defer collection of any balance while you submit to your secondary insurance.

PATIENTS WITHOUT INSURANCE COVERAGE

Patients without insurance coverage are financially responsible for dental treatment at the time of service. We accept cash, checks with proper I.D., Visa, MasterCard, Discover, American Express and MAC.

ADDITIONAL TERMS

Appointments are reserved time for you, therefore it is requested that you give us at least 24 hours notice (additional notice is needed for appointments longer than 40 minutes) to make any changes. Failed and changed appointments without the appropriate notice are subject to a minimum charge of \$25.

Checks returned by your bank are subject to a \$25 processing fee. Accounts unpaid after 60 days are subject to a finance charge at the rate of 1½% per month (18% APR). If your account is referred to a collection agency, you will be responsible for collection costs.

**I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY OF THE OFFICE OF
ROBERT B. DANIELS, D.M.D.**

X _____

Signature of Patient or Guardian

Today's Date