

Patient Financial Policy

Your understanding of our financial policies is an essential element of your care and treatment. If you have any questions, please discuss them with our front office staff.

- As our patient, you are responsible for all authorization/referrals needed to seek treatment in this office.
- We are **not** a worker's compensation or Medicare insurance provider. We do not file Texas Worker's Comp cases, Medicare or motorcycle/motor vehicle accident claims. I understand that I am responsible for any charges owed to this office due to my care at the time of service.
- Unless other arrangements have been made in advance by you, or your dental insurance carrier, payment for office service is due at the time of service. We accept **VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, CASH OR CHECK.**
- Your insurance policy is a *contract between you and your insurance company*. As a COURTESY, we will file your insurance claim for you if you assign the benefits to the doctor. In other words, you agree to have the insurance company pay the doctor directly. The dental benefit plan is a contract between the insurance company and the *patient, whom bears the ultimate financial responsibility and knowledge of their plan.*
- We have made prior arrangements with some dental plans to accept an assignment of benefits. We will bill those plans with whom we have an agreement and will only require you to pay the remaining balance/deductible *at the time of service*. Dental coverage varies from carrier to carrier and employer to employer. Not all procedures and guidelines are addressed in a policy or employee handbook.
- All Dental plans are not the same and do not cover the same services. In the event your dental plan determines a service to be "not covered" or you do not have authorization, you will be responsible for the complete charge. We will **attempt** to verify benefits for some specialized services: however, you remain responsible for charges to any service rendered.
- *Dental benefit plans are not designed to pay for all dental care. Most contracts have limits and/or various degrees of co-payment.*
- You must inform the office of all insurance changes and authorization referral requirements. In the event the office is not informed, you will be responsible for any charges denied.
- Past due accounts are subject to the collection proceedings. All fees including, but not limited to collection fees, attorney fees and court fees shall become your responsibility in addition to the balance due this office.
- There is a service fee of \$25.00 for all returned checks. Your insurance company does not cover this fee.

Signature of Patient/Responsible Party _____

Printed Name of Patient/Responsible Party _____ Date: _____