



## OFFICE FINANCIAL POLICY

As a courtesy to you, our office will file a claim to your insurance carrier for your dental charges after your copay has been satisfied. **You will be responsible for any balance remaining after your insurance carrier has paid. We can only give you an ESTIMATE of what we think your insurance may pay. This is NOT a guarantee of payment as insurance companies do not always pay what you expect them to pay.** If there are questions or problems with the amount paid, this should be discussed with your insurance carrier.

**If you do not have dental insurance coverage, and are self pay, payment is due when you begin treatment in our office.** The fees that we charge for dental services are the same for every patient, insured or not. Failure to pay your balance may result in your account being turned over to collections.

**Our office will be happy to assist you as best we can. However, all charges are **YOUR** responsibility.** If you have questions or problems, we will try to help. You may call Vickie, our Office Manager, to answer any questions regarding treatment and payment.

**I HAVE READ YOUR POLICY, UNDERSTAND IT AND WILL COMPLY WITH ITS PROVISIONS.**

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**SIGNATURE**

**DATE**