Financial Policy

We would like to take this opportunity to welcome you to our office and assure you that we will do our utmost to provide you with the best care possible. We also would like to explain our financial policy as it relates to your responsibilty for the account.

Patients Without Insurance Coverage

Patients without insurance coverage are requested to pay for services as rendered. We accept personal checks, Mastercard, and Visa payments.

Patients with Insurance Coverage

Our office will be glad to help you obtain the appropriate benefit from your insurance carrier as a courtesy to you. However, you are responsible for the payments of the account.

Portions of your bill might not be paid by the insurance carrier and must be paid by the patient. Sometimes there is a co-payment required by you as per your insurance agreement. Even if you have dual coverage (this is possible if you and your spouse both have insurance), there may still be a portion that will be your responsibilty.

If you are having treatment over a period of time, we would appreciate payment during the course of treatment. Our office manager will assist you in arranging a payment schedule. HMO patients must have referrals with you at the time of each visit.

Additional Terms

Customer hereby acknowledges and agrees that any account that becomes deliquent will be subject to collections service. Customer agrees to pay all court costs and reasonable attorney fees for collection of all past due amounts owed, plus interest thereon at 18% (eighteen percent) per annum on all such amounts outstanding. There will also be a \$20.00 service charge on all returned checks and additional charges for cost of collection.

Finally, be assured that we are all here to serve you with the best care possible. When leaving our office, you should leave with the feeling that all your questions have been answered.

I HAVE READ THE ABOVE AND UNDERSTAND THE FINANCIAL POLICY OF DENTAL HEALTH CENTERS OF AMERICA.

Signature of Patient or Guardian	Date