

SUNSET DENTAL CARE

ABOUT FINANCIAL AGREEMENTS

Payment for services is due at the time service is rendered unless our staff has approved payment arrangements in advance. We accept cash, checks or credit cards. We will be happy to process your insurance claim for your reimbursement. A completed insurance form must accompany any such request.

Returned checks and balances older than 30 days may be subject to additional collection fees. All legal fees associated with a delinquent account are the responsibility of the patient, parent or guardian.

You must realize however, that:

1. Your insurance is a contract between you, your insurance company and/or employer. We are not party to the contract. **Please be advised that we send in your insurance as a courtesy, but it's your job to keep track of your maximum for the year if you see another doctor outside of our office.**
2. Our fees are generally considered to fall within the acceptable range by most companies and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies that pay a percentage (such as 50% or 80%) of the usual and customary fees as determined by most companies. This statement does not apply to companies who reimburse based on an arbitrary schedule of fees which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services that they will not cover.
4. If you are insured with a company that we currently participate with, please have your insurance ID card available for our information. Should this insurance company, for any reason, not reimburse us directly, or if we do not hear from this company in reference to a claim, you will be responsible for full payment.

We must emphasize that as a dental care provider, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help you!

I have read all the information on this sheet. I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I will notify you of any changes in my dental insurance status.

Signature

Date

Please print your name in full

