



### **INSURANCE BILLING INFORMATION**

As a courtesy to our patients, we can verify and file your insurance claims. We cannot however, guarantee payments. We suggest that you read your policy manual pertaining to your dental coverage. Many insurance companies have stipulations, such as usual and customary fees, deductibles, copayments, etc. This information will be listed in your policy manual. You are responsible for all amounts covered and not covered by your insurance company for payment. Please be aware of this and plan to make payments as services are rendered. In the event of denial from your insurance company any portion unpaid will be your responsibility.

**Patient Initial** \_\_\_\_\_

### **PAYMENT POLICY**

I understand that I am financially responsible for charges not paid by my insurance. I also understand that reasonable billing charges may be applied in order to collect any unpaid charges.

**Patient Initial** \_\_\_\_\_

### **CANCELLATION POLICY**

I understand that ultimately I am responsible for keeping my appointments. If I am not able to make my appointment I must give at least 24 hours notice or I will be charged \$50.00.

\_\_\_\_\_  
**Patient/Responsible Party**

\_\_\_\_\_  
**Date**