

Our Doctors & staff are very concerned about the cost of your dental needs & would like to address some current issues related to the cost of dental services in this office. Considerable care has been taken in setting up our fee schedule. We would like to assure you that the charges accurately reflect the skill & expertise required as well as quality of materials used to provide the best service for you. Our fees are comparable with fees of other dentists in the area that provide similar quality care.

If any insurance company indicates that our fees are above the "Usual & Customary", please understand that most dentist fees are above the rate which insurance companies choose to pay. We cannot and do not allow insurance companies to set or dictate fees or service we provide our patients. Our policy requires payment at time of service. As always, we do accept Visa, MasterCard, American Express and Discover.

If you have insurance you must pay your estimated portion at the time of service. As a courtesy we will file the claim with your insurance carrier. However, our agreement for payment is with you and NOT your insurance company. Payment to our office is neither contingent nor dependent upon your insurance.

There is a \$25.00 service charge for all returned checks. There will be interest charged if your account becomes delinquent beyond 30 days. You understand that if you default on your payments, an outside collection agency will be used. You understand that you will be responsible for the collection fees of 45% of the outstanding balance. You also understand should suit be brought against you, you will be responsible for court costs and attorney fees.

I have read and understand my financial responsibilities under this policy.

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Patient/Responsible Party Signature

Financial policy2010

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Date