

# OUR FINANCIAL POLICY

Thank you for choosing our office as your dental health care provider. We are committed to your treatment being successful. Please understand that the payment of your fees, and the keeping of your appointments, is an integral part of your relationship with us. Therefore, to avoid any misunderstandings, or miscommunications, the following is a statement of our financial policy. We ask that you read it carefully, and sign and acknowledge it before commencing with treatment.

## PAYMENTS

We accept cash, checks, and credit cards (Visa, MC, and Discover). On extensive treatments we also can provide financing with dental healthcare finance company.

We request that payment be made at the time of your office visit when treatment is rendered. For those patients that have insurance, as a courtesy to you, we will wait for your insurance to pay its estimated share. We cannot be responsible if your company chooses not to pay, for whatever reason, the amount we have estimated. We ask that you pay any deductible and co-payment at the time of treatment. Also, we cannot properly bill your insurance company unless you give us correct and current insurance information. If your account is not paid in full by your insurance company within 30 days, you will then be billed for the balance. Appointments must be cancelled 24 hours in advance, otherwise, a charge will be assessed.

## ABOUT YOUR INSURANCE

Your insurance policy is a contract between you and your insurance company. You are responsible to know the provisions of your policy. As your dental care provider, we perform the care we feel is necessary and correct, and has been agreed upon between the doctor and the patient. In no way can we let an insurance company dictate what is proper dental care. We are involved with hundreds of insurance companies, and thousands of patients, and cannot know the details of each individual policy, which can vary from employer to employer. We will try our best to be helpful, but we cannot take the responsibility of interpreting and educating patients about their policies. We will, however, fill out all claim forms for you, and will wait for your estimated share for a reasonable period of time. The only exception to that are Assistance type insurance plans. Thank you for your cooperation and understanding. An informed patient is our best asset, so together we will have a successful result.

I have read and understand the above financial policy statement of Hagen Dental, and am financially responsible for payment of services to Dr. Ronald M. Hagen.

Date     \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient's signature     \_\_\_\_\_