

## Financial Responsibility Form

We are committed to providing you the best possible care. If you have dental insurance, we will work hard to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

For your convenience, we accept cash, checks, and major credit cards. We also offer deferred-interest financing through Care Credit.

**Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our staff.** We will be happy to process your insurance claim forms in order to help you receive your maximum allowable benefits from your insurance company. We accept assignment of insurance benefits only when we have agreed to do so with you or your insurance company. If so, you will receive monthly statements regarding your balance whether or not your insurance has paid. **Remember, all balances remain your responsibility. The fee for an emergency consultation is \$213.00, a problem focused examination is \$135.00, a CT Scan is \$250, and a panoramic x-ray is \$115.00.**

We will gladly discuss your proposed treatment and answer any questions relating to your insurance company to obtain a more accurate estimate of what they may or may not cover.

You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract, with the exception of some PPO insurance plans.
2. Our fees fall well within the acceptable range by most insurance companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of UCR. UCR is defined as usual, customary and reasonable by most companies. This statement does not apply to the 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 covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. If a certain procedure is not covered under your plan, this does not in any way imply that your treatment is not needed or important to your dental health.

We must emphasize that as your health 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 the 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 our billing department promptly for assistance with the management of your account.

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

I have read and understand the financial policies described above, and agree to the terms and conditions herein.

Patient or Responsible Party: \_\_\_\_\_

Signature: \_\_\_\_\_

Robert W. Mower, DDS

Ryan J. Colletta, DDS

Luiza Portnoff, DDS