

## Office Policies and Financial Agreement of Premier Dental Wellness

Thank you for choosing Premier Dental Wellness for your dental care. Our office is committed to providing you with the best possible care. The following is a statement of our Financial Policy which we require you to read and sign prior to receiving any treatment.

### Payment Options:

We gladly accept several forms of payment which include cash, check, MasterCard, Visa, American Express, Discover, and CareCredit. **Payment is expected at the time of treatment.**

### Insurance:

Our office will gladly submit your insurance claim to your insurance carrier as a courtesy to you, however, we are out of network with all insurance companies. At the time of treatment, the patient/guarantor is responsible for the estimated portion that the insurance does not cover. If for some unforeseen reason your insurance carrier has denied or not made payment within 60 days, the patient/guarantor is responsible for the balance in full. Due to pending claims, we do not always know how much an insurance company has already paid to another office or specialist, and the balance remaining on a yearly maximum.

### Assignment of Benefits (If Insured):

I hereby assign all dental benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s) to issue payment directly to Premier Dental Wellness for dental services rendered to myself and/or my dependent(s) regardless of my insurance benefits. Payment(s) of a dental claim is not guaranteed by any insurance and is based on eligibility and policy coverage at the time a claim is submitted. **I understand that I am responsible for any amount not covered by insurance and I agree to pay any balance amount in a timely manner.** Initial: \_\_\_\_\_

It is important to understand that treatment recommendations made by Dr. Marz or Dr. Brown are based on an individual's needs, and not necessarily based on what insurance coverage is available. It is the patient's/guarantor's responsibility to provide any new information regarding insurance.

### Cancellation Policy:

If you are unable to keep an appointment, we ask that you kindly provide us with minimum of twenty-four-hour notice. If we are not notified and an appointment is broken, there will be a \$50 broken appointment fee. We kindly ask that you call during our normal business hours. This courtesy on your part will make it possible to give your appointment to another patient who needs to see the dentist or hygienist.

**I have read this Financial Policy and understand and agree to the terms of this policy.**

**Patient name** (please print): \_\_\_\_\_ & DOB \_\_\_\_\_

**Signature of Patient/Responsible Party:** \_\_\_\_\_

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