FINANCIAL AGREEMENT

Our office is happy to cooperate with patients who are covered by dental insurance. Our professional services are rendered to you, the patient, not the insurance company. Please remember that insurance claims and benefits are matters involving the patients and their insurance carrier. *We will cooperate in every way we can, however we cannot assume responsibility of securing benefits for you.* We ask that ***you*** become familiar with your policy to be sure you are fully aware of any limitations of the benefits provided. As insurance benefits and limitations vary greatly from one plan to another, our office cannot possibly be aware of each patients specific plan.

As a courtesy to our patients, our office will file insurance claims with your insurance carrier. We ask that you give us current and accurate insurance information. We will accept assignment of benefits to Dr. Adams, leaving the patient responsible for any remaining portion of the claim not covered by insurance.

Co-Payment is due and payable the day services are rendered.

We cannot guarantee this amount, it is an estimate. Your actual coverage may be less. Our estimate does not include deductibles, or year to date used benefits. These amounts may be obtained by you directly from your insurance carrier.

As an alternative, you have the option to pay the entire treatment fee by check/cash directly to Dr. Adams and receive a 5% courtesy credit. We will provide you with the appropriate paperwork to submit to your insurance company. They will reimburse you directly.

I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL COST OF DENTAL TREATMENT.

I agree to pay a monthly billing and carrying fee of 1.5% on any balance over 60 days.

____

Signature **Date**

Please indicate your preference below:

_____Please file my insurance claim with assignment of benefits payable directly to Dan Adams, D.D.S.

_____ I will make payment in full at each appointment and receive a 5% Courtesy Credit.