

Michael D. Jones, D.D.S. PC

About Financial Arrangements and Dental Insurance

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

Payment for services is due at the time services are rendered unless payment arrangements have been approved *in advance* by our staff. We accept cash, checks, MasterCard, or Visa. We will be happy to help you process your insurance claim form for your reimbursement. Any such request must be accompanied by a completed insurance form. In special instances, we may accept assignment of insurance benefits.

Returned checks and balances older than 30 days may be subject to additional collection fees and interest charges of 1.5% per month. Charges may also be made for broken appointments and appointments cancelled without 24 hours advance notice at the rate of a minimum of \$50.00 per 30 minutes.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. 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.
2. Our fees are generally considered to fall within the acceptable range by most 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 defined as usual, customary and reasonable by most companies.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as dental care providers, 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 us promptly for assistance in 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!

Patient and Responsible Party Information

Patient Name _____ Parent's Names _____
Father's Social Security # _____ Father's Birthdate _____
Mother's Social Security # _____ Mother's Birthdate _____
Home Address _____
Home Phone _____ Cell Phone _____
E-mail Address _____

Mailing address if different _____
Father's Place of Employment _____ Phone# _____
Mother's Place of Employment _____ Phone# _____
Whom may we contact in case of an emergency _____ Phone# _____
Whom may we thank for referring you to us? _____
Today's visit will be paid by: Cash ___ Check ___ MC/Visa ___

I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information on this sheet and have completed the above answers. I certify this information is true and correct to the best of my knowledge.

Signature _____ Date _____