

PORTSCHY DENTAL PARTNERS OF MARIETTA

FINANCIAL AGREEMENT

We are committed to meeting your health care needs. Our goal is to keep your insurance or other financial arrangements as simple as possible. In order to establish this in a cost effective manner, we ask that you adhere to the following guidelines:

Payment is expected at the time of service.

We will file your insurance for you. You will be expected to pay your estimated portion that exceeds insurance limits at the time of service. After insurance has settled and there is a remaining balance you will be responsible to take care of that balance within 60 days of date of service.

Insurance is a contract between you and your insurance company. We are not a part of this contract. We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary charges", etc. other than to supply factual information as necessary. You are responsible for the timely payment on your account.

Please inform us of any changes in your dental insurance before each appointment.

We accept cash, check, VISA, Master Card, American Express and Discover. If you do not have dental insurance and affordability is an issue, we provide a third party interest deferred payment plan through Care Credit. Please check with our front office staff for additional information regarding this option.

Regarding minors: The adult accompanying a minor will be responsible for payment of services. Minors must always be accompanied by an adult.

Broken appointment: We require a 48 hour notice to reschedule a reserved appointment. Failure to reschedule/cancel within 48 hours may result in a fee charge to the patient.

Appointment Confirmations: Please inform us of your preferred method of contacting you for appointment reminders by circle one of the following:

Email Text Telephone Messaging

Thank you for your understanding of our financial policy. Please let us know if you have any questions or concerns.

Signature _____ Date _____