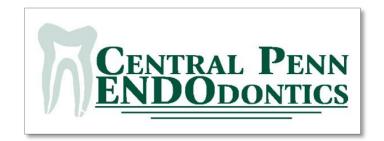
## **Patient Financial Policy**



## Patients With Dental Insurance:

I have read and agree to the above Financial Policy.

- You are personally responsible for all fees for your dental treatment, not your insurance company.
- We only require that you pay % of your total fee at the time of treatment. As a courtesy, we allow you 30 days to pay the balance of the fees. Most insurance companies will reimburse within that 30 day period.
- Note: the PA Attorney General considers it insurance fraud to use this money for any purpose other than to pay for your dental care.)
- A financial charge of 1.25% per month (15% annually) is added to any balance due beyond 30 days.
- Account past due for 30 days or more will be forwarded to an outside collection agent or to the District Justice for collections. If a collection agency is used a 30% collection fee will be added to your account.

Dental Insurance Company

Address
Subscriber's Name Relationship to Patient
Group # ID#orSS# DOB / Secondary Dental Insurance

Secondary Dental Insurance

Address
Subscriber's Name Relationship to Patient
Subscriber's Name Secondary Dental Insurance

Final Dob Secondary Dental Insurance

Subscriber's Name Secondary Dental Insurance

Subscriber's Name Secondary Dental Insurance Secondary Dental Insurance