

## FINANCIAL ARRANGEMENTS

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

Payment is due at the time services are rendered unless payment arrangements have been approved in advance by our business manager. We accept cash, checks, American Express, Visa, MasterCard, Discover and Care Credit.

Return checks and balances older than 60 days may be subject to additional collection fees and interest charges of .05% per month. Charges may also be made for broken appointments and appointments cancelled without 24 hours advance notice.

We will gladly discuss your proposed treatment and answer any questions related to your insurance. You must realize, however, that:

- Your dental benefits are under a contract between you, your employer, and the insurance company. We are not a party to that contract. Any complaints about your benefits should be directed toward your benefits administrator or insurance company.
- Some insurance companies will not pay out-of-network providers. If you have that type of insurance, we will be happy to submit your insurance claim for your reimbursement. You are responsible for payment at the time services are rendered.
- Our fees may not be fully covered by the maximum allowance determined by your insurance company. While our fees are standard for this area, they may not be the same as your insurance company's arbitrary determination of what is a usual and customary fee.
- Some insurance companies arbitrarily select certain services they will not cover. Your employer accepts these exclusions to help keep the cost of insurance down. You are responsible for knowing what is covered and what is excluded from your dental plan.

We must emphasize that, as dental care providers, our relationship is with you, not your insurance company. While filing insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the date services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account.

I understand and agree to abide by this policy. I certify that the information I have reported regarding my insurance coverage is correct. I also assign any claim payments to Andrew J. Sorkin, D.M.D.

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Patient/Parent/Guardian Signature

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Date