



PATIENT NAME: _____ DATE: _____

The Woodlands Prosthodontics P.A. is committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.

ADULT PATIENTS

Adult patients are responsible for full payment at time of service.

MINORS ACCOMPANIED BY AN ADULT

Minor children must be accompanied by an adult to all appointments. The adult accompanying a minor, his/her parents or guardians, are responsible for full payment at time of service. In the case of divorced parents, the parent accompanying the child to the initial visit will be deemed responsible for payment. We will not become involved in custody disputes over which parent is the responsible billing parent.

INSURANCE

The Woodlands Prosthodontics P.A. provides insurance company billing as a courtesy to our patients. The patient portion of particular dental service(s) is estimated and due at the time of service. This amount may be subject to adjustment when the dental service(s) claim(s) are adjudicated by the insurance company. In addition, most insurance companies have annual limitation for the amount of dental services that can be reimbursed within each plan year. If you or your family exceed these annual limitations in any plan year, you will be responsible for the full amount of dental services that exceed the plan's limitations. The patient is responsible for monitoring the amount of his/her remaining benefits for any annual benefit period. The patient may not rely upon any information provided by The Woodlands Prosthodontics P.A. staff regarding his/her remaining benefit in any such benefit period. **It is important to recognize that your insurance policy is an agreement between you and your insurance company. Please note that verification is NOT A GUARANTEE of benefits, or payment. It ONLY an ESTIMATE and final determination is made by your insurance company at the time the claim is received.**

The claims we submit to insurance companies indicate that you have assigned those benefits to The Woodlands Prosthodontics P.A. However, if you are paid by the insurance company instead of The Woodlands Prosthodontics P.A., you then become responsible for the total account balance and payment would be expected immediately. If you or your family has more than one dental insurance program, we will assist you in obtaining the maximum benefits available. You as a patient are always responsible for any charges that are not covered by your insurance. Those patients needing medical insurance filed, will be responsible for payment in full at the time of service. The insurance carrier will make payment directly to the patient.

DELINQUENT PAYMENTS

It is our policy to charge finance fees at 1.5% for outstanding patient balances after the balance has been outstanding 30 days. In addition, all payments returned due to insufficient funds will be subject to an NSF fee of \$35.00. Accounts that are over 90 days past due, will be turned over to the proper authorities for nonpayment of services.

WE DO REQUIRE ALL APPOINTMENTS TO BE CONFIRMED. All non-confirmed appointments will be subject to cancellation.

MISSED APPOINTMENTS

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of \$100 per scheduled hour. Please help us service you better by keeping scheduled appointments.

Thank you for understanding and accepting our Financial Policy. All Sales are final with no refunds. Please let us know if you have any questions or concerns.

Responsible Party Signature _____ Date _____

Witness Signature _____ Date _____