

TO OUR MOST VALUED PATIENTS OF BIRMINGHAM DENTAL

FINANCIAL POLICY

- We accept VISA, AMEX, MASTERCARD, DISCOVER, CASH and CHECKS.
- A late fee will be assessed to your account for any overdue payments that are 90 days or more delinquent.
- As a courtesy to you, we will help you process all of your dental insurance claims. Please understand that we will provide an insurance estimate to you; however, it is not a guarantee that your insurance will pay exactly as estimated. Insurance coverage is subject to limitations, exclusions, waiting periods, frequency, age restrictions, deductibles and maximums which are your responsibility.
- All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you and your insurance company. Our office is not a party to that contract.
- We ask you pay the deductible, co-payment and co-insurance, which is the estimated amount not covered by your insurance company at the time service is provided to you.
- We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. Our office will not, however, enter into a dispute with your insurance company over any claim.

I have read, understand and agree to the above terms and conditions. I understand that responsibility for payment for dental services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered.

Signed _____ date: _____