

## **Financial Policies and Agreement**

Thank you for choosing us as your dental health care provider! We offer our patients comprehensive dental care in a comfortable setting, with the best options and treatment available, for a lifetime of dental health!

In order to keep our billing costs at a minimum and continue to offer high quality dental care at affordable prices, we require all payments (for those without insurance), estimated co-payments, deductibles, and non-covered services, to be paid in full, on the day of service, at check-in. We offer the following payment options:

- Care Credit, a low interest health care line of credit
- VISA, MasterCard and Discover
- Cash
- Check

### **For Patients with insurance:**

As a courtesy to our patients who have insurance, we will send a claim to your insurance company for all services rendered.

The patient or responsible party is ultimately responsible for all account balances, whether your insurance company pays or not. Not all services are covered benefits in all policies. Your insurance policy is a contract between you and that company, we are not part of that contract regarding your benefits.

We will submit claims and continue to help you maximize your benefits, however, we will not allow an insurance company to dictate your dental care.

I understand and agree that I am ultimately responsible for all charges/balances on my account. I authorize the release of any information relating to claims submitted to my insurance company, on behalf of myself or covered family members, to be paid directly to The Dentists South Shore.

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Patient/Legal Guardian Signature

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Date

### **Electronic Billing & Statement Notifications**

As of January 1<sup>st</sup>, 2024, we will be sending Billing Reminders and statements to the Responsible Party's mobile phone through our text messaging system and/or the E-Mail address we have on file. Please indicate here, if you prefer to OPT-OUT of these contact methods for Billing and Collection purposes:

\_\_\_\_\_ **I OPT-OUT OF ELECTRONIC BILLING AND STATEMENT NOTIFICATIONS**

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Signature