FINANCIAL POLICY

Absolute Denture Clinic

Thank you for choosing Absolute Denture Clinic. We are committed to providing you with the best possible care. Your clear understanding of our Financial Policy is important to our professional relationship. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment. Please ask if you have any questions about our fees, Financial Policy or your responsibility.

1. ALL PATIENTS MUST COMPLETE OUR PATIENT INFORMATION FORM BEFORE SEEING THE DENTIST.
2. PAYMENT IS DUE AT THE TIME OF SERVICE.
3. WE ACCEPT CASH, CHECKS, VISA MASTERCARD, DISCOVER, AMERICAN EXPRESS AND 0% INTEREST CARE CREDIT, IF APPROVED.

Your insurance coverage is a contract between you and your insurance company. We are not party to that contract. If you have insurance, we will help you receive maximum benefits. If we accept your insurance, you must pay any co-payments and deductibles allowed at the time of service. You agree, in order for us to service your account or to collect any amounts you may owe us, we may call you at any telephone number associated with your account, including wireless telephone numbers.

In the event we accept assignment of benefits, the patient is still ultimately responsible for all charges. If your insurance company has not paid your account in full within 60 days, the balance is due in full, from the patient and/or guarantor.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. We file claims as a courtesy to our patients. We will provide all information required by your insurance company to have a claim paid, however you are responsible for the timely payment on your account.

We thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I HAVE READ, UNDERSTAND AND AGREE TO THE FINANCIAL POLICY AS OUTLINED ABOVE.

Signature_____Date_____