

The financial policy for Drs. Michele Brucker-Collier and Kevin B. Collier

Thank you for choosing us as your dental health care providers. Our team is committed to providing you with excellent care. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy, which we require you to read and sign prior to any treatment.

If we are not participating with your insurance plan or if you do not have insurance, payment is due at time of service.

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. You are responsible to know your insurance policy and its' benefits. We are happy to help you whenever possible. In the event that we do not accept assignment of benefits from your company, we require that you provide a credit card with authorization to bill that account balance. If your insurance company has not paid your account in full in 60 days, the balance will be your responsibility. Please be aware that some and perhaps all services provided may be uncovered services and may not be considered reasonable or necessary by your insurance company. They do not see what we do as we sit chair side with you. By signing this you authorize the insurance company to send payments directly to us. Should payments be sent to you, you are responsible to send those payments directly to us. For insurance plans where we are participating providers, co-payments are due at the time of treatment. You will be billed for any deductible and co-insurance amounts that we are unaware of at the time of your appointment.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing our patients with the very best treatment. We charge fees that are usual and customary for this area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

ADULTS are responsible for full payment according to their plan benefit. MINOR CHILDREN must be accompanied by a parent or guardian. The adult accompanying the child is responsible for full payment. We cannot get involved with divorce and custody matters.

MISSED APPOINTMENTS, unless cancelled with at least 48 hours notice, may be charged at the rate of a normal office visit. Please help us serve you and others better by keeping scheduled appointments.

Thank you understanding our financial policy. If you have questions, please ask them.

I have read the financial policy and understand and agree to these terms.

_____ (print name) _____ (signature) _____ (date)