

# Patient Financial Policy



## Patients With Dental Insurance:

- You are personally responsible for all fees for your dental treatment, not your insurance company.
- We only require that you pay % of your total fee at the time of treatment. As a courtesy, we allow you 30 days to pay the balance of the fees. Most insurance companies will reimburse within that 30 day period.
- Note: the PA Attorney General *considers it insurance fraud to use this money for any purpose other than to pay for your dental care.*)
- A financial charge of 1.25% per month (15% annually) is added to any balance due beyond 30 days.
- Account past due for 30 days or more will be forwarded to an outside collection agent or to the District Justice for collections. If a collection agency is used a 30% collection fee will be added to your account.

I have read and agree to the above Financial Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Dental Insurance Company**

\_\_\_\_\_  
Address \_\_\_\_\_  
Subscriber's Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Group # \_\_\_\_\_ ID#orSS# \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employer \_\_\_\_\_

### **Secondary Dental Insurance**

\_\_\_\_\_  
Address \_\_\_\_\_  
Subscriber's Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Group # \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employer \_\_\_\_\_