

Financial Responsibility Form

REVEAL DENTAL COSMETIC, FAMILY & IMPLANT DENTISTRY

FINANCIAL RESPONSIBILITY FORM

As our dedication to service and a courtesy to you, we will assist you in filing your insurance claims to help you obtain your benefits. In order for our office to file your insurance claims, you must bring proof of insurance, and then we can estimate your payment allowing you to settle your account at time of service. It is very important that the correct insurance information is provided at the time of the patient's appointment. If this information changes, it is the patient's responsibility to update Reveal Dental at the earliest convenience. While we do our best to verify dental benefits prior to your first appointment, this does not guarantee coverage or payments to Reveal Dental.

Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient and that he or she is personally responsible for payment of all dental services regardless of dental insurance. Dental insurance is a benefit for the patient provided by their employer and the contract lies between the patient, employer and the insurance company. Our office is not a party to that contract.

Payment is due at the time service is provided. We accept cash, checks, Visa, MasterCard, American Express and Care Credit. Returned checks will be subject to additional fees.

We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. However, this office will not enter into a dispute with your insurance company over any claim. Once insurance has paid their share, a statement will be sent to you for any remaining balance and will be due upon receipt. If your insurance company has not made payment within 60 days, the unpaid balance becomes your responsibility and is subject to finance charges and the collection process.

Separated & Divorced Couples with Dependent Children: It is the policy of this office to bill the parent that brings the children in for their dental treatment. Please make arrangements for payment from an ex-spouse before dental treatment is rendered. We can provide a treatment cost estimate before your scheduled appointment.

Cancellation & Late Policy: Your appointment time is reserved for you. For cancellation we require 48 hours advanced notice or a charge will be made. An answering machine is available for messages left after business hours.

We thank you for the opportunity to serve your dental health care needs and welcome any questions you may have concerning your care or our policies. Significant costs are incurred in carrying our patients' accounts. To control these costs and help keep fees down, it is necessary to adhere to these policies.

I acknowledge having read this Financial Responsibility Form in its entirety and agreed to be bound by all terms and conditions herein.

First Name

Last Name

Signature

Date

07/08/2024

