

FINANCIAL INFORMATION

GENERAL INFORMATION

Thank you for choosing us for your dental care. We are committed to providing excellent care and payment of your bill is part of successful treatment. To prevent potential misunderstandings, we ask all patients to accept and adhere to definite financial arrangements regarding their dental treatment. Payments may be made by cash, check or credit card, and are generally expected at the time of services are rendered. One and a half percent interest per month is charged on all balances outstanding for more than ninety days. Our financial policy is based on an open and honest discussion of fees.

INSURANCE

As a courtesy, we assist our patient by verifying, preparing and billing insurance. Please understand, that your insurance policy is a contract between you and your insurance company. We are not a party to that agreement. The information given to us by your dental carrier is not binding and we therefore can only provide you with an estimate of coverage. Each plan and policy has unique exclusions and limitations, we do our best to provide an accurate treatment estimate. Regardless of the amount the insurance carrier pays, each patient is still personally responsible for the full amount of their bill.

USUAL AND CUSTOMARY RATES

We are committed to providing excellent dental treatment to all of our patients. Our fees reflect our commitment to the quality our patients deserve and are considered usual and customary for the area, regardless of any insurance company's determination.

RELEASE OF INFORMATION AND CONFIDENTIALITY DISCLOSURE

This signature on file is my authorization for release of information necessary to process my claim. I hereby authorize payment to Dr Heckler of the benefits otherwise payable to me.

I give my permission for the clinical information in this chart to be reviewed by another qualified doctor for the purpose of quality assurance.

For the purpose of verifying your appointment date and time, presenting specific instructions, updating your account information, we may need to leave a message with you, an individual in your residence, or your voice message system unless otherwise instructed by you to do so.

**I UNDERSTAND AND AGREE TO THE FINANCIAL POLICY AND
CONFIDENTIALITY AGREEMENT**

Signature

Date