Office Financial Policy
Dr. Anthony R. Gray

Thank you for choosing Dr. Anthony R. Gray as your dental care provider. We are committed to your treatment being successful. 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.

FULL PAYMENT IS DUE AT THE TIME OF SERVICE.

WE ACCEPT CASH, CHECKS, VISA, MASTERCARD and DISCOVER CREDIT CARDS.

There is a $25.00 charge for returned checks.

There is a $5.00 charge for Pre-Medication taken in office.

Regarding Insurance

Assignment of benefits may be accepted *only* after your insurance has been verified, and you have met the eligibility requirements. Please keep in mind that we accept assignment as a courtesy to you, as we realize that it makes your dental needs more affordable to you at the time of service. However, your insurance is estimated based on information obtained from your insurance carrier. All insurance companies have their own method of determining payment. There is no guarantee of payment nor that they will pay the *exact* amount estimated.

Your insurance policy is a contract between you and your insurance carrier. We are not a party to that contract. Please be aware that some and perhaps all, of the services provided may be non-covered services and may not be considered reasonable and necessary under various insurance plans.

Your estimated portion, or "co-pay" is due at the time of service as well as any deductible which may apply. Any **unpaid balances by the insurance company remain your responsibility.** In the event that we are unable to collect outstanding insurance claims from the insurance company, the balance will be transferred back to you after a final request has been made to the insurance carrier.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge a fair fee for the quality dentistry that we provide. You are responsible for payment regardless of any insurance company's arbitrary determination of "usual and customary" rates. All patients are responsible for full or co-payment portions at the time of service. Should an account be referred for collection, the undersigned will pay all collection agency and/or Attorney fees including court costs. **A charge of $25.00 will be made for broken appointments.** Broken appointments fees are enforced to encourage the patients attendance to a reserved time for dental treatment. It helps minimize increased dental fees. Non-compliance with recommended treatment and excessive broken appointments may be subject to dismissal. Thank you for your understanding and cooperation. Please let us know if you have questions or concerns.

I have read the Financial Policy and I understand and agree to this policy.

X____ **Date:** ______________________

Signature of Patient or Responsible Party of Members inclusive in this Account