

FINANCIAL AGREEMENT FOR JAMES MATTINGLY, D.D.S.

This agreement is to inform you of your financial obligation to our practice.

Your insurance coverage is a unique contract between you, your employer, and your insurance company. Although we are willing to submit claims on your behalf, we do not accept responsibility for the outcome of the transaction. Billing to insurance is a courtesy we extend in an effort to save you time and facilitate payment to our practice from your insurance company. By having our practice process your insurance forms, it is important that you understand that this does not eliminate your financial obligation. Please be aware that our staff does its best to help provide you with the correct information regarding your insurance, but we cannot possibly know all of the details of your policy. Also note that just because we may accept and be able to bill your dental plan does not mean that we are 'IN NETWORK'....This is YOUR responsibility to find out from your employer and/or dental plan. Ultimately you are responsible for payment for the services we provide. We strive to bill correctly, and are willing to correct any errors on our part. However, the reality is that the insurance may still not cover some services, even if they are medically appropriate and billed correctly.

By signing below, you understand that any fees not paid by your insurance plan will be your responsibility.

Appointment Policy

If you are unable to keep an appointment, a 24 hour advance notice of cancellation is needed. If an appointment is not kept or cancelled with less than 24 hours, you will be subject to a charge of \$100.00

I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS OF THE FINANCIAL AGREEMENT AND I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO THE PRACTICE.

Patient name/Guardian

Print: _____

Patient signature/Guardian

Sign: _____ **Date**_____