

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

This agreement is to inform you of your financial obligation to our practice. We are committed to providing you with the most comprehensive dental care using only the highest quality materials and technology available in the market today. All charges you incur for any treatment that is provided are your responsibility regardless of your insurance coverage. We will always recommend treatment based upon your dental needs, not based on insurance coverage, which can be inadequate with some dental plans. Dental insurance is a benefit used to assist you, not to dictate necessary treatment.

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. 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.

Insurance payments are received within 30-60 business days from the time of billing. If your insurance company has not made payment to our practice within 60 days, we will ask you to pay the entire balance at that time and you will be responsible for seeking reimbursement from your insurance company. Our practice does not guarantee that your insurance company will assist you with payment for treatment you receive in our practice. If your claim is denied, you will be responsible for paying the full amount at that time. We will provide necessary documentation to the insurance company if needed, understand that ultimately it is your responsibility to resolve any type of dispute over payments made or not made by your insurance company to our practice.

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 _____

Patient signature/Guardian _____ Date _____