

FINANCIAL POLICIES AND PROCEDURES

IT IS YOUR RESPONSIBILITY to be familiar with your insurance policy.

Please make certain that you know what dental benefits are covered under your dental insurance policy. You will want to be familiar with your deductibles, co-payments at time of service (if any), and percentages of coverage.

Parker Family Dental is happy to submit your claim to your insurance company on your behalf. Please know however, payment for dental services provided are the responsibility of the patient (if under 18, parents or legal guardian).

IF YOU HAVE NO INSURANCE, PAYMENT MUST BE MADE AT TIME OF SERVICE UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE PRIOR TO YOUR APPOINTMENT.

Please remember, some policies DO NOT cover the entire amount of services.

PARENTS: If services are provided to a minor child, both parents are equally responsible for dental services and co-payment is due at the time of the appointment regardless of who accompanies the child.

SPOUSES: You are equally responsible for the other's dental debt.

I UNDERSTAND THAT MY INSURANCE POLICY IS A CONTRACT BETWEEN PATIENT AND INSURANCE COMPANY. THE MEDICAL/DENTAL PROVIDER IS NOT A PARTY TO THAT CONTRACT.

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES INCURRED FOR DENTAL SERVICES RENDERED ON MY BEHALF OR THAT OF MY MINOR CHILD OR SPOUSE. ANY AMOUNTS LEFT OWING, AFTER MY CO-PAYMENTS AND INSURANCE PAYMENTS, ARE ALSO MY RESPONSIBILITY. IF FOR ANY REASON IT IS NECESSARY TO PLACE MY CHARGES WITH AN OUTSIDE AGENCY FOR COLLECTION, I WILL BE RESPONSIBLE FOR REASONABLE COLLECTION AND/OR ATTORNEY FEES.

Signature of responsible party Date