

We, the staff of (Montgomery Dental Care) thank you for choosing us as your dental/health provider. We consider it a privilege to serve your needs and we look forward to doing so. We are committed to providing you with the highest level of care and building a successful provider-patient relationship with you and your family. We believe your understanding of our patients' financial responsibility is vital to that provider-patient relationship and our goal is to not only inform you of the provisional aspects of that financial policy but also to keep the lines of communication open regarding them. If at any time, you have any questions or concerns regarding our fees, policies or responsibilities please feel free to contact (office Manager) at (phone).

We believe this level of communication and cooperation will allow us to continue to provide quality service to all of our valued patients. Please understand that payment for services is an important part of the provider-patient relationship.

In order to keep our costs reasonable we require payment at the time of service unless our staff has approved payment arrangements in advance. We make payment as convenient as possible by accepting (Cash, Money Order, MasterCard, Visa and in-state checks). A \$35.00 service fee will be charged for all returned checks. You may authorize us to keep your credit card on file for your convenience knowing that we adhere to the highest level of information security.

Interest

Interest will incur if a balance remains unpaid after 60 days.

Insurance

Please remember that your insurance policy is a contract between you and your insurance carrier. We have found that insurance companies may try to limit or dictate the services or level of service a provider can offer to their patients. In order to avoid this intrusion in the doctor-patient relationship we do not contract with and do not accept payment from insurance carriers. This leaves the provider of service and the patient with a direct relationship and the opportunity to make the final decision as to which treatments are most beneficial for the patient.

We have also found that insurance companies are much more willing and expedite payment to a policyholder than to the provider of service. We have found that insurance carriers will request needless and redundant information from a provider of service much more frequently than a patient will. If you have insurance, we will bill your carrier and provide you with a copy of your claim for billing purposes. Any requests for additional forms from your insurance company will gladly be accommodated for a fee. This includes records, reports, tests, etc. We will provide you with the additional information to submit to your insurance company so there can be no doubt in your mind that we are complying with their request. Please retain the original copy for your files.

Please be aware that out-of-network insurance carriers often prohibit assignment of benefits and may try to limit their financial liability with arbitrary limits, exclusions or reductions such as reasonable and customary or usual and prevailing. Our fees are well within such ranges and although we will assist in the filing of an

appeal if these limitations are imposed, the guarantor is responsible for all out-of-network fees. If we are not contracted with, your carrier we will not negotiate reduced fees with your carrier.

Missed Appointments

We require notice of cancellations 24 hours in advance. This allows us to offer the appointment to another patient. If you fail to keep your appointments without notifying us in advance, a missed appointment fee will apply. These fees are typically \$35.00 but not to exceed one-half of the cost of your scheduled appointment. Repeated missed appointments without notification may cause you to be discharged from the practice so that we can provide care to other patients.

Medical Records Fees

Patients are entitled under federal law to have access to their protected health information and we follow all rules, guidelines and exceptions to ensure compliance to patient rights. However, providers also have the right to compensation for records and our fees are a reasonable cost-based fee for copies including the copying, supplies, labor and postage of the files and or summaries.

Timeliness of Appointments

We try to see everyone in a timely manner but if we are taking too long, please let our receptionist know so we can best serve your needs and reschedule you if necessary.

We realize that temporary financial problems may affect timely payment of your account. If this should occur, please contact us for assistance in the management of your account. Our goal is to provide quality care and service. Please let us know immediately if you require any assistance or clarification from anyone within our business.

I have read and understand the above financial policy. I agree to assign insurance benefits to _____ whenever applicable. I also agree, in addition to the amount owed, I will be responsible for the fee charged by the collection agency for costs of collections if such action becomes necessary.

Signature of Insured or Authorized Representative: _____

Date: _____