



donald wurtzel dds pc

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. We are also committed to providing you with up-to-date information and educational tools so that you may participate in maintaining optimum oral health. This agreement is intended to facilitate our ability to provide excellent service to you.

All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not your insurance company. Our practice is not party to that agreement. If payment from your insurance company is not received within 90 days from the date of service, you will be expected to pay the balance in full.

As a courtesy to you we will help process all of your insurance claims. You may direct your insurance company to pay your benefits directly to our practice by signing the authorization on the Assignment of Benefits Agreement. In order for our practice to file your insurance claim, we must have current proof of insurance at each appointment.

Your estimate co-payment for treatment, which is the amount not covered by your insurance, is due at the time treatment is provided. Your estimated co-payment may be adjusted after the time of treatment depending upon final reconciliation of insurance payments. Our practice accepts cash, personal checks, and MasterCard, Visa, American Express and Discover. Third party, extended payment financing is available upon request and approval.

Additionally, our practice will charge a 16% interest on all balances over 90 days. Returned checks are subject to a \$15 returned check fee.

Please do not hesitate to ask if you have any questions regarding the financial agreement. We are committed to providing you with the ultimate experience in dental care.

_____ Name of Patient

_____ Signature of Patient or Responsible Party