



FINANCIAL RESPONSIBILITY FORM

As our dedication to service and a courtesy to you, we will assist you in filing your insurance claims to help you obtain your benefits. In order for our office to file your insurance claims, you must bring proof of insurance, and then we can estimate your payment allowing you to settle your account at time of service. It is very important that the correct insurance information is provided at the time of the patient's appointment. If this information changes, it is the patient's responsibility to update B.G. Denture at the earliest convenience. While we do our best to verify dental benefits prior to your first appointment, this does not guarantee coverage or payments to B.G. Denture.

Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient and that he or she is personally responsible for payment of all dental services regardless of dental insurance. Dental insurance is a benefit for the patient provided by their employer and the contract lies between the patient, employers and the insurance company. Our office is not a party to that contract.

Payment is due at the time service is provided. We accept cash checks, Visa, MasterCard, American Express and Care Credit. Returned checks will be subject to additional fees.

We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. However, this office will not enter into a dispute with your insurance company over any claim. Once insurance has paid their share, a statement will be sent to you for any remaining balance and will be due upon receipt. If your insurance company has not made payment within 60 days, the unpaid balance becomes your responsibility and is subject to finance charges and the collection process.

Cancellation & Late Policy: Your appointment time is reserved for you. For cancellation we require 48 hours advanced notice or a charge will be made. An answering machine is available for message left after business hours.

We thank you for the opportunity to serve your dental health care needs and welcome any questions you may have concerning your care or our policies. Significant costs are incurred in carrying our patients' accounts. To control these costs and help keep fees down, it is necessary to adhere to these policies.

NAME (Print)

SIGNATURE

DATE

