



Dental Practice Financial Policy

The practice depends upon reimbursement from patients for the costs incurred in their care.

Financial responsibility on the part of each patient must be determined before treatment.

As consistent with applicable laws and the policies of the patient's applicable dental insurance or other third-party payer coverage, we require the following:

- All emergency dental services and any dental services performed without previous financial arrangements must be paid for in cash at the time services are rendered.
- All dental services are charged directly to the patient and the patient is personally responsible for payment of all dental services, even if the patient carries dental insurance.
- This office will, as a courtesy, help prepare the patient's insurance forms and may assist in making collections from dental insurance companies, and will credit any collections from insurance to the patient's account.
- Fee estimates for dental care can only be extended for a period of six months from the date of consultation.
- Payment for services is due at the time of treatment, or if billed by this office, payment is due within thirty (30) days of billing.

By signing our financial policy, you understand the following:

- I understand that Brookwood Cosmetic Dentistry will provide me with an estimation of dental treatment recommended by the doctors.
- I understand that I will be subject to a deposit to schedule said treatment.
- I understand that limitations and exclusions may exist in my dental plan that has not been disclosed to Brookwood Cosmetic Dentistry by my dental carrier.
- I understand that I am responsible for any unpaid balance in full.
- I understand that I am subject to a broken appointment fee should I not give 48 hours' notice prior to breaking or rescheduling an appointment.

I understand the above information and agree with its contents, and this will serve as my consent.

Signature*

Date*
