

## **Accounts: Patient Responsibilities**

For those patients who do not have dental coverage, payment is expected in full at the time of service.

## **Insurance Claims and Submissions**

As a **courtesy** to our patients, we will submit insurance claims for services rendered. The amount not covered by the insurance company is the **patients responsibility**. This balance will be collected at the time of an appointment or a statement will be mailed to you.

## Please read the following guidelines and sign the space at the bottom of the page.

- 1. It is the patient's responsibility to keep all insurance information current.
- 2. Payment benefits must be assigned to Dr. Weiner.
- 3. Those patients who have coverage that only pays the member must pay in full at the time of service and seek reimbursement from the insurance company. (We will still submit these claims for you)
- 4. IT IS THE PATIENT'S RESPONSIBILITY TO KNOW AND UNDERSTAND YOUR INSURANCE. We are not the insurance company. We do not know what type of coverage a patient has (ex: what is covered, what isn't, yearly maximums, deductibles, patient out of pocket expenses). If you are concerned about whether certain procedures are covered, please get that information from your insurance company prior to your appointment.

For all patients: All billing statements are expected to be paid in full upon receipt.

STATEMENTS LEFT UNPAID AFTER 30 DAYS WILL ACCRUE A 1.5% FINANCE CHARGE
PER MONTH.

If you do not meet the above guidelines, this courtesy <u>WILL NOT</u> be extended again. Full payment will be expected in full at the time of service and you will need to seek reimbursement from your insurance company on your own.

We thank you in advance for your cooperation, and we will always try our best to meet your account needs.

By signing below I acknowledge and accept the above guidelines.		
Responsible Party/ Patient	Date	
Responsible Party/ Patient	Date	