

Eric P. Andersen, D.D.S.
Family and Cosmetic Dentistry
400 North Allen Drive, #101, Allen, Texas 75013
972.727.4415

FINANCIAL POLICY

Thank you for choosing our office as your dental healthcare provider. We are committed to providing you with the highest quality lifetime dental care so you may fully attain optimum oral health. Please understand that payment of your bill is considered part of your treatment.

Payment is due at the time service is provided. Our office accepts cash, personal checks, MasterCard, Visa, Discover and American Express. Outside financing is available upon request and approval. *Please check if you would like more information about financing options.* □

Please note: Returned checks will be subject to additional fees. In the case it becomes necessary for our office to enlist a collection service and/or legal assistance, you will be responsible for any collection and/or legal charges incurred.

If you do not have dental insurance, please skip to the bottom of this form, sign and date.

Do you have insurance?

▷ As a courtesy to you we will help you process your insurance claims. Please understand that we will provide an insurance estimate to you, however it is not a guarantee your insurance will pay exactly as estimated. Your insurance company and your plan benefits ultimately determine the amount paid. We will, of course do all we can to make sure your estimate is as accurate as possible.

▷ 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 and not with your insurance company. Our office is not a party to that contract.

▷ Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary fees.

▷ We ask that you sign this form and/or any necessary documents that may be required by your insurance company. This form instructs your insurance company to make payment directly to our office.

▷ We ask that you pay your deductible and co-payment, which is the estimated amount not covered by your insurance company at the time we provide the service to you.

▷ Insurance payments are ordinarily received within 30-60 days from the time of filing. If your insurance company has not made payment within 60 days we will ask you to contact your insurance company to make sure payment is expected. If payment is not received or your claim is denied, you are responsible for paying the full amount due.

▷ We will cooperate fully with the regulations and requests of your insurance company that may assist in payment of your claim. Our office will not enter into a dispute with your insurance company over any claim.

We thank you for the opportunity to serve your dental healthcare needs and welcome any questions you may have concerning your care or our financial policy.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS. I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO ERIC P. ANDERSEN, D.D.S.

Patient Signature (or Parent/Guardian)

Date