

FINANCIAL RESPONSIBILITY

Many patients have a commonly held misconception that medical and dental benefit policies, provided by their employers or individually purchased, will pay for all their treatment. This is incorrect and untrue.

As a patient in this office, you will receive treatment that is specific to the problems that are noted during your initial examination. Your doctor will carefully review his findings with you and explain to you the treatment options, if any, that are available to you. In return, your financial responsibility for your treatment will be to the doctor's office. We will be glad to assist you in obtaining reimbursement for part of these benefits from your third party benefits payer.

Often third party payers, upon the patient's request, will send benefit reimbursement directly to the doctor's office. Please understand that your benefits contract will always have an "allowable benefit" payment for each procedure provided. This "allowable" is determined by the limitations of the contract that your employer or the individual has purchased from the company and does not always equal the doctor's submitted fee. The third party payer will pay a percentage of the "allowable" with a co-payment portion, but you are responsible for any remaining portion of the doctor's bill that is not covered by your third party plan.

We will be happy to make financial arrangements with you for the payment of your bill, whether or not you have third party coverage available to you. Please understand that third party payment is no longer termed "insurance", as it does not guarantee payment even though you may feel that you have the coverage. Financial responsibility for services you receive at the office is yours alone. We will gladly work with you to arrange payment for services provided, and these arrangements will be set up on an individual needs basis.

Payment options:

1. When you pay with a check or cash at time of treatment, you will receive a 5% discount. Visa and MasterCard and Discover are accepted, however we cannot offer the 5% discount with credit cards.
2. The initial payment is 1/2 of the total. The balance is paid at the completion of treatment.
3. The initial payment is 1/3 of the total. The balance is paid in two equal installments to be paid before treatment is completed or final teeth are inserted.

Thank you for your confidence in our office. We look forward to providing you with competent care and courteous service.

Sincerely,

Dr. Shane Samy, D.M.D., P.C.

I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO DR. SAMY FOR ALL CARE AND SERVICES PROVIDED TO ME.

Patient

Name _____ Date _____

Signature _____ Witness _____