FINANCIAL AGREEMENT

Thank you for the opportunity to help you met your personal oral health goals and choosing Chico Dental Design Studio, Dental Office of Michal Hiersche, DDS as your dental care provider. We are committed to providing quality dental care to help you attain optimum oral health. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require that you read and sign prior to any treatment.

Regarding Payment

Full payment is due at the time services are rendered unless prior arrangements have been made. If insurance benefits apply, estimated patient **co-payments** and **deductibles** are due at the time of service.

Regarding Insurance

As a courtesy to you, we will gladly process your insurance claim forms. Our responsibility is to provide you with the treatment that best meets your needs, not to try to match your care to insurance plan limitations. Dental insurance plans do not correspond to individual patient needs, and as such, many routine and necessary dental services are not covered even though you may need those services.

We understand insurance guidelines can be difficult to understand and overwhelming at times. Fortunately, with the information provided to us by you and your insurance company we are able to provide some assistance in **estimating** your insurance benefit. However, your insurance company makes final determination once treatment is completed and the claim is submitted. **Your insurance is a contract between you and your insurance company; therefore, all charges are your responsibility**. All insurance co-pays and deductibles must be paid at the time of service. In the event we do accept assignment of benefits and your insurance company has not paid your account in full within 60 days, the balance may be transferred to your account.

Your complete and accurate insurance information must be presented at the time services are provided. Insurance claims cannot be backdated. Most benefits will be verified before your insurance company can be billed.

All insurance benefits are payable to the dental office, and I agree to release any information necessary for the dental office to process claims.

We would be happy to discuss our charges and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

I realize I am financially responsible for all charges incurred, regardless of insurance coverage.

Regarding Appointments

Your reserved time in our office is important. We understand that sometimes it is necessary to change your appointment so we ask that you kindly give us a minimum of 2 business days notice. Without this notice, we are unable to offer treatment to other patients that may have needed our care.

Thank you for understanding our Financial Agreement. Please let us know if you have any questions or concerns.

I have read the Chico Dental Design Studio Financial Agreement. I understand and agree to the terms and conditions of this Financial Agreement.

Signature of Patient or Responsible Party: _____ Date: _____

CHICO DENTAL DESIGN STUDIO