



## NOTICE TO OUR PATIENTS

It is your responsibility to understand your benefits coverage *prior to* seeking care. You are fully responsible for all fees charged by this office at the time services are rendered. If you have dental and/or medical insurance coverage, please be aware that most insurance companies respond within 3 – 5 weeks from the time your claims have been submitted. We typically submit your claim within two days of your service. You will be responsible for any remaining balances on your account after your insurance has processed your claim. We will notify you of any credits and/or amounts due immediately after your claim has been processed. Balance must be paid in full at time of notification by phone, email or mail.

For your convenience, we accept Visa, Mastercard, Discover and American Express. You are ultimately responsible for all outstanding balances of services not covered by your insurance.

Thank you for your cooperation.

I \_\_\_\_\_ state that I have read and understood this information.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date