

DAN KNELLINGER, D.M.D., P.A.
FINANCIAL and INSURANCE POLICIES

FINANCIAL POLICY: We will discuss our estimated fees prior to the beginning of your treatment. **PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED.**

REGARDING INSURANCE: As a courtesy to our valued patients, we are glad to submit your dental services to your insurance company. We will assist you in obtaining the maximum benefit from your dental insurance plan. Once your plan coverage has been verified, we will accept assignment of payment from your insurance company.

Your insurance policy is an agreement between you and your insurance company. Payment for services rendered and reimbursement from the insurer are ultimately the responsibility of you, the patient.

Most insurance companies require the insured to meet an out of pocket calendar year deductible before payment will be made on claims. You will be responsible for payment of that deductible and your **estimated portion** at the time of treatment.

If, for any reason, your insurance company refuses to make payment, you will be responsible for payment.

Most insurance carriers render payment within 30 days from the date of service. If payment is not received within 60 days, you will be responsible for the balance.

By signing below, I acknowledge that I have read and agree to the Financial and Insurance Policies.

Signature of Responsible Party

Date