CHRISTINE S. HOEPLINGER, DDS
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PATIENT FINANCIAL AND INSURANCE BENEFITS AGREEMENT

This agreement is to inform you of your financial obligation to our practice. This financial agreement is intended to facilitate our ability to provide excellent service to you while minimizing our administrative costs.

If you do not have insurance or if your insurance company will only reimburse you directly: Payment is due as services are rendered. Our office accepts cash, personal checks, MasterCard, Visa and Discover. Additional financing is also available through CareCredit upon request and approval.

If you have insurance: 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; not with your insurance company. Your insurance policy is a contract between you, your employer and the insurance company. Our office is not a party to that contract. Insurance payments ordinarily are received within 30-60 days from the time of billing. If payment from your insurance company is not received within 60 days from the date of service, you will be expected to pay the balance in full immediately.

As a courtesy to you and if your insurance company will allow it, we will accept assignment of benefits. You may direct your insurance company to assign payment directly to our office by signing the authorization below. Although we are willing to complete insurance forms and submit a claim on your behalf, we do not accept responsibility for the outcome of the transaction. Completing insurance forms is a courtesy we extend to you in an effort to save you time and facilitate payment to our office. By having our office process your insurance forms, it is important that you understand that this does not eliminate your financial obligation for your treatment. You will be responsible for seeking reimbursement from your insurance company if they have not paid within 60 days. It is ultimately your responsibility to resolve any dispute over payments made or not made by your insurance company, although we will provide you with the necessary documentation your insurance company requests to sort out any questions that may arise.

Your estimated co-payment for treatment, which is the amount not covered by your insurance, is due at the time we provide services to you. The co-payment is only an estimate and may be found to be insufficient after review by your insurance company. Our office accepts cash, personal checks, MasterCard, Visa and Discover. Additional financing is available through Care Credit upon request and approval.

Returned check and balances older than 90 days may be subject to finance charges at the rate of 1.5% per month, monthly billing fees and if required, collection fees.

I HAVE READ AND ACCEPT TERMS AND CONDITIONS OF THIS AGREEMENT. IF I HAVE INSURANCE, I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO THE DOCTOR.

_____ _____

Print Name Date

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Signature of patient/responsible party

MISSED APPOINTMENT POLICY: For each scheduled appointment, we set aside time in the schedule especially for you. Missing an appointment not only causes negative consequences for your oral health but for other patients in this practice as well. For these reasons, we ask that you keep all appointments. Should you need to change an appointment, we kindly request that you give our office a minimum of 48 hours notice. Excessive missed appointments may result in the requirement of pre-payments to facilitate future appointment.