

Financial policy

We are privileged that you have chosen Haltom Dental as your dental care provider. We are committed to providing you and your family with quality patient care. The following is a statement of our Financial Policy, which you need to understand prior to treatment. If you have any questions please feel free to ask us.

Full payment is due at time of service. We accept cash, checks, and most major credit cards. There will be a \$25 fee on all returned checks. Also, we reserve the right to charge for appointments canceled or broken without 24 hours' notice.

Insurance

Your insurance policy is a contract between you and your insurance company. We have no control over their decisions and the amount they decide to pay. However, as a courtesy to our patients, we will file your primary insurance claims for you.

Before treatment, we will verify your coverage and calculate your deductible and copayments as accurately as possible. Please understand that all treatment plans given are only an estimate based on the information your insurance company provides. All deductibles and copayments are due the day the treatment is rendered. Please be aware that your insurance company does not guarantee payment over the phone. We will not know the exact amount they will pay until they respond to the claim. **Regardless of what your insurance company pays, you remain fully responsible for payment of your bill.** Once the payment is received on your claim, we will send you a bill for any remaining balance on your account.

Patient contact information

Our office occasionally communicates with our patients to provide special promotions, discounts and newsletters from the doctor. By your signature, you are providing us the authorization to utilize all contact information you have provided in efforts to communicate with you in regard to your account, including the utilization of automatic telephone dialing systems.

I have read and understand the above Financial Policy. By signing below, I acknowledge responsibility and agree to the terms above.

Signature of Responsible Party

Date