

Financial Agreement

Please read entire form carefully, then sign and date the bottom
The following defines the financial policies of this practice.

Payment is due at the time services are rendered

The front desk staff will estimate the amount you owe for procedures the doctor or hygienist has completed or those procedures which are in progress. Remember, this is only an estimate. The actual out-of-pocket expense may be less than or greater than the amount estimated and collected. You may be reimbursed or apply the excess to another date of service if we have collected too much.

Some insurance plans require the patient to pay only a percentage or co-payment directly to our office. Some plans require the patient to pay the entire amount due for that visit. Some plans will reimburse the covered amount only to the patient. We will work with your plan, and submit the form necessary to receive the reimbursement as a service to our patients.

Insurance coverage

We accept many different insurance plans. All plans have a unique schedule of covered services depending on what plan you or your employer has purchased. There is no guarantee that services will be covered. You, or the person responsible for this account, will be responsible for payment of non-covered procedures. There may be additional charges to cover the cost of parts or labs fees, depending on the treatments provided and type of insurance coverage. If you wish, we can send a pre-determination to your insurance carries. The advantage of this is knowing approximately what your out-of-pocket expenses will be for labor charges, but a disadvantage is that treatment is delayed. This in itself could complicate matters as problems may worsen.

Major Work

Patients receiving major work (crowns, bridged, dentures) or bleaching kits must have their portions, including lab fees and parts fees, completely paid off before the work can be delivered or cemented.

Cancellation Policy

Our time is as important as yours. We attempt to schedule as efficiently as possible to reduce waiting time. We require patients to cancel appointments the day before the appointment. A broken appointment fee is charged when the patient does not show up for an appointment or cancels the same day of the appointment.

For my convenience, this office may release my information to my insurance company, and receive payment directly from them.

I understand of the financial policies of Brito Family Dental and agree to them

Signature of Responsible Party _____ Date _____