

Policies and Agreements

Financial

- We will be happy to discuss our professional fees with you at any time.
- Payment is due on the date of treatment unless specific arrangements have been made prior to your visit.
- **Insurance is a contract between you and your insurance company. Therefore, it is your responsibility to understand the limits of your policy, the deductibles, and the types of services covered. Deductibles and co-pays will be collected on the date of treatment. We will bill your insurance company as a courtesy to you. If a claim has not been paid within 60 days, we will bill you directly.**
- Payment options available: personal check, cash, Visa, MasterCard, American Express, Discover and Care Credit. Please feel free to ask about any of these options.

I understand that responsibility for payment for dental services provided by **Dr. Michael E. Anderson, D.D.S.** for myself or my dependents is mine, due and payable at the time services are rendered unless specific financial arrangements have been made.

I understand that Dr. Michael E. Anderson, D.D.S. is not responsible for the actions of my insurance carrier on any claim submitted on my behalf. I also understand that my insurance may pay less than the actual billed amount for services and I have full responsibility for payment of those dental services.

In the event of legal action must be taken due to non-payment on my account, I agree to pay reasonable legal fees associated with collection proceedings of this debt.

Authorization

I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to me during the period of such dental care to third party payers and/or other health practitioners.

I authorize and hereby request my insurance company to pay directly to the dentist insurance benefits otherwise payable to me.

Patient, Parent or Guardian's Signature

Date

Relationship to Patient