



STEVEN D. STRICKLAND, D.D.S., P.C.  
COSMETIC DENTISTRY

**ABOUT FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE**

We are committed to providing you with the highest quality dental care.

Payment is due at the time the services are performed. We accept cash, check, Visa, Discover, or MasterCard. We will assist you with the filing of your primary insurance claims and may accept assignment of insurance benefits.

**INSURANCE AND ASSIGNMENT**

We must emphasize that as a dental care provider, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are the patient's responsibility for the date services are performed. We will be glad to take assignment and file your insurance for you; however any difference between our fees and that of the insurance company is the patient's responsibility.

We will gladly discuss your proposed treatment plan and answer any questions relating to your insurance. However, you must understand that your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract and any information we give you is only an estimate using the latest information received from your insurance company. We cannot guarantee insurance benefits.

Patients with insurance are responsible for any and all co-payments that are allowed by the insurance plan. Any non-covered fees are due at the time of service.

Payment of any co-payment will be estimated and is expected the day services are rendered. We will be happy to give you an estimate prior to your appointment. Not all services are a covered benefit by all insurance companies and are the patient's responsibility.

**CLAIMS OUTSTANDING FOR MORE THAN 60 DAYS WILL BE BILLED DIRECTLY TO THE PATIENT**

Returned checks will be assessed a \$35.00 service charge. Account balances older than 60 days will be subject to a finance charge of 1 1/2 % per month. In the event an account is turned over for collection, all costs of collection, including, but not limited to, attorney's fees of 33 1/3% of the amount due, will be charged to the patient.

**CHARGES MAY BE ASSESSED FOR MISSED OR BROKEN APPOINTMENTS IF 48 HOURS NOTICE IS NOT GIVEN**

If you have any questions about the above information or concerns regarding your insurance coverage, please don't hesitate to ask us. We are here to help you.

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Signature

\_\_\_\_\_  
Date