Marc S. Asmar DDS Our Financial Policy

Thank you for choosing our office for your dental care. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require you to read, initial, and sign prior to any treatment or consultations.

Forms

All patients are required to complete and sign our "Patient Acquaintance Form" and Health history and consent to treat forms before Dr. Asmar renders any treatment and/or consultations or opinions.

Consent for Release of Records

□ I hereby give Dr. Marc Asmar the absolute right and permission to use any and all images/photographs/radiographs for educational or promotional purposes only. □ I would like Dr. Marc Asmar to use only approved images/photographs/radiographs for educational or promotional purposes.

Financial Responsibility

The name listed on the 'Responsible Party' line is financially responsible for all fees incurred. This includes parents of minors, legal guardians, and in some cases power of attorney. Insurance benefits may be assigned as payment for some treatment; however, full payment is the sole responsibility of the person listed as 'Responsible Party'. In custodial cases, the parent bringing in the child for treatment is responsible for any fees incurred regardless of any legal statements previously made outside of this office.

Emergency Visits

New patients coming in for an emergency visit will be treated the same day if possible. Payment is due in full on the date of service. If you have a dental benefits provider, we will gladly submit your claim, and payment will be made directly to the patient.

IF YOU HAVE DENTAL INSURANCE BENEFITS

Our practice is committed to providing the best treatment for our patients. Our office will do everything possible to maximize your dental benefits. **Your dental benefits are a contract between you and your employer and/or your benefits company.** Dental Insurance is an aid in helping you achieve your dental care goals. <u>Please remember that you are responsible for payment in full regardless of any insurance company's arbitrary determination of usual and customary rates or declined treatment benefits payable for any circumstances. Some or all treatments provided may be considered non-covered services and may be deemed "unreasonable and unnecessary" as determined under your dental insurance plan. While we are unable to determine exactly which treatments these may be, an estimate will be given. Please remember that it is only an estimate.</u>

Contracted or "In-Network" benefits patients

Due to the reduced rate your contract affords you, payment in full for all treatments, <u>unless</u> <u>previously approved</u> by our office, is expected. Benefits will be made payable directly to you.

Co-Pays and Deductibles

All co-pays or their estimates are due at the time of service. We accept cash, check, Visa MasterCard, Discover or CareCredit. There is a \$10.00 minimum charge amount

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Patient name	Date —
Responsible Parties signature	