

## *Marc S. Asmar, DDS, Inc*

### *Our Financial Policy*

Thank you for choosing our office for your dental needs. 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. We request you read and sign prior to any dental treatment and consultations.

#### **Forms**

All patients are required to complete and sign our 'Patient Acquaintance Form' before Dr. Asmar renders treatment and consultation.

#### **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 all 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 treatment. However, full payment is the sole responsibility of the person listed as 'Responsible Party'. In custodial cases, the parent bringing the child in for treatment is responsible for all fees incurred.

#### **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 insurance we will gladly submit your claim, and payment will be sent directly to you.

#### **Insurance Policy**

Our office will do everything possible to maximize your dental insurance benefits. Your dental insurance is a contract between you and your employer and/or insurance company. We will gladly process your claim and accept assignment of benefits, but your estimated portion is due at the time of service.

#### **Co-pays and Deductibles**

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

#### **Multiple Payments**

For treatments requiring multiple appointments, 50% of the total charge is due at the beginning of treatment. The balance is due upon completion of treatment.

Our practice is committed to providing the best treatment for you and your family. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

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Signature of patient or responsible party

Date