

ABOUT FINANCIAL ARRANGEMENTS AND DENTAL/MEDICAL INSURANCE

We are committed to providing you with the best possible care. If you have dental or medical insurance, we are anxious to help you receive you maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for services is due at the time services are rendered. We accept cash, checks, and all major credit cards. We also have outside financial companies credit applications at your request. We will be happy to process your insurance claim form for assignment of insurance benefits to **C. Michael Locke, D.M.D., M.D., P.L.C.**

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

You must realize, however, that,

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract. If we have signed a "Preferred Provider" contract with your insurance carrier, that contract only means that we will "write-off" a certain amount for your having chosen a "Preferred Provider."
2. For all other insurance companies, the difference between usual, customary and reasonable amounts will be your responsibility to pay.
3. Not all services are a covered benefit in all contracts. The service may be denied based on the insurance company's contract with your employer or with you. **All denied services are your responsibility.**

4. Refunds will be written and mailed to you upon receipt of **final** payment from your insurance company if there is a credit balance after your insurance has paid.

We must emphasize that as dental/medical care providers, 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 your responsibility from the date the services are rendered

If you have any questions about the above information or an uncertainty regarding insurance coverage, **PLEASE** don't hesitate to ask us.

SIGNATURE

PRINTED NAME

DATE
