

FINANCIAL INFORMATION

Maureen Holley, D.M.D.

Thank you for choosing us as your health care provider!

Your dental care is our primary concern and we will give you the highest quality of care in a comfortable environment. We have asked you to complete our medical and dental history forms so that we can give you the best care possible. We now ask you to read and sign our financial policy so that there is no confusion regarding fees in our office.

Payment is expected at time of visit. If payment arrangements are necessary, our Office Coordinator will be happy to work this out with you prior to beginning your treatment. For your convenience we do accept Master Card, Visa, and American Express.

If you have insurance, please provide us with your card. If we are able to accept your insurance company's assignment, we will gladly do so, and will give you an estimate as a guideline. We will ask for your deductible and your estimated patient portion. We can make no guarantee of the insurance companies amount of payment. Claims are submitted promptly after treatment is rendered, and if not paid by patient's insurance company by the 61st day after treatment, will be billed in full to the patient. Our administrative staff prides itself on helping our patients maximize their benefits and we are always available to answer your questions.

I agree to be fully responsible for total payment of procedures performed in this office, including any portion not covered by my insurance company. I agree that should this account be referred to an attorney or

agency for collection that I will be responsible for all collection costs, attorney fees and court costs. I, the undersigned, have read the above and assume responsibility for my account.

SIGNATURE_____

DATE_____