

Financial Policy

Market Street Dental

Paul L. Boger, DMD ◦ Raymond J. Johnson, DMD

As a courtesy to you, our office will file a claim to your insurance carrier for your dental charges after your copay/ deductible has been satisfied. **Payment is due on date of service.** You will also be responsible for any balance remaining after your insurance carrier has paid. We can only give you an **ESTIMATE** of what we think your insurance may pay. This is not a guarantee of payment as insurance companies do not always pay what you expect them to pay. If there are questions or problems with the amount paid, this should be discussed with your insurance carrier.

We will not bill you for your unpaid dental charges that are eligible for insurance payment until 60 days after the claim has been filed. If no payment has been made at that time, we ask that you notify your carrier that your claim has not been paid and that your doctor has requested payment from you.

You may receive an Explanation of Benefits (E.O.B.) from your insurance company. Review the E.O.B. closely. The E.O.B. will state the amount Market Street Dental charges and receives as payment from the insurance company, adjustments made, and information of any remaining balances due from you directly. If your insurance company sends you a check as payment for services provided by Market Street Dental, please present us with both the check and the E.O.B.

If you do not have dental insurance coverage, payment is due when you begin treatment in our office. The fees that we charge for dental services are the same for every patient, insured or not. Failure to pay your balance may result in your account being turned over to collections.

Our office will be happy to assist you as best we can. However, all charges are YOUR responsibility. If you have questions or problems, we will try to help. You may call Leah, our Office Manager, to answer any questions regarding treatment and payment.

I _____, agree to pay Market Street Dental any fees, co-pays, co-insurances, deductibles, or non-covered items that apply to my account for each visit.

I have read and understand the above information.

SIGNATURE

DATE