BETHLEHEM SMILES
610-866-6663
MICHAEL PARSONS, DMD – JACQULINE OWENS, DMD *ALWAYS A SMILE AHEAD!*

Financial Responsibility Policy

As A DENTAL PROVIDER, OUR RELATIONSHIP IS WITH YOU AND NOT YOUR INSURANCE COMPANY. WE CAN ONLY TELL YOU OUR CHARGE, AMOUNT PAID AND AMOUNT OWED. WE WILL DO OUR BEST TO ASSIST YOU IN RECEIVING MAXIMUM COVERAGE, HOWEVER; IT IS YOUR RESPONSIBILITY TO KNOW OUR POLICY.

INSURANCE COVERAGE

- It is your responsibility to be aware of your insurance coverage, policy provisions, exlusions and limitations. This information is furnished by the insurance carrier.
- If your coverage is not in effect at the time of your visit, you are financially responsible for payment.
- If you have any changes in your insurance coverage, you must notify us.

DEDUCTIBLES, CO-PAYMENTS, CO-INSURANCE & NON-COVERED SERVICES

- **Deductibles** are the patients responsibility. The deductible is determined by the contract your employer has with the insurance carrier.
- **Co-payments** and **Co-insurance** are the patients responsibilty.
- All patients are responsible for **Non-covered** services if denied by their insurance carrier.

INSURANCE REQUESTS

- You are responsible for responding to any request from the insurance company for further information. Not doing so will result in a claim denial and you will be responsible for full payment.

INSURANCE PAYMENTS SENT TO YOU

- If insurance payments are sent to you, you are responsible for the total balance due as shown on your statement of services.

ACCOUNT BALANCES

- You are expected to pay for all services rendered in a timely fashion. In the event an invoice becomes 30 days or more past due, it may be turned over for collection and you will be responsible for reasonable attorney fees.

METHODS OF PAYMENTS

- CASH, CHECKS, MONEY ORDER, VISA, MASTERCARD, DISCOVER, CARE CREDIT.
- **THERE WILL BE A $35.00 CHARGE IF YOUR CHECK IS RETURNED FOR NON-PAYMENT BY YOUR BANK.**

I HAVE READ AND UNDERSTAND THIS FINANCIAL RESPONSIBILITY POLICY.

PRINT NAME_____

PATIENT SIGNATURE_____ **DATE**_____

PARENT/GUARDIAN SIGNATURE_____**DATE**_____