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FINANCIAL POLICY AND AGREEMENT

INSURANCE ASSIGNMENTS

Regardless of the patient's insurance plan, the patient is responsible for the full amount of the charges for the treatment rendered. When the patient's insurance plan is one in which this office participates, the patient is expected to pay the patient's estimated portion at the time of treatment. This office can make no guarantee of the insurance payment as estimated. Claims are submitted promptly after treatment is rendered, and in most cases the insurance company pays promptly. If payment is delayed for more than 60 days, the patient will be billed for the full charges.

Often the insurance company pays on least costly treatment. This office charges for treatment rendered, and the patient is responsible for the difference between the UCR charge or PPO fee (whichever is applicable) for treatment actually performed, and the UCR charge or PPO fee for the treatment the insurance company will pay for. Tooth colored fillings may be paid at silver benefits. Tooth colored crowns may be paid at full metal or base metal benefits.

Our administrative staff prides itself on helping our patients maximize their benefits. We are always available to answer your questions.

COLLECTION FEES

Fees incurred to enforce payment required by this agreement will be paid by the delinquent patient (or guardian) whose failure to pay required said costs to be incurred.

FINANCIAL CONSENT

Submission to treatment implies consent as outlined in this service agreement. The patient (guardian) agrees to be fully responsible for payment in full for procedures performed in this office, including treatment which is not a benefit of any dental insurance the patient may have.

I certify that I have read and understood and agree to the Financial Policy. A copy of this Financial Policy and Agreement was given to me when requested.

Patient's Signature _____ Date _____

Doctor's Representative _____ Date _____

