

Consent for Services and Financial Policy

As a condition of treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from patients for the costs incurred in their care. Financial responsibility on the part of each patient must be determined before treatment.

All emergency dental services or any dental services performed without previous financial arrangements must be paid at the time of service unless other arrangements have already been made.

Patients with dental insurance understand that all dental services are charged directly to the patient and that he she is personally responsible for payment of all dental services. This office will help prepare the patients insurance forms of assist in making collections from insurance companies and will credit any collections to the patient's account. However, this dental office cannot render services on the assumption that our charges will be paid by an insurance company.

A service charge of 1% per month (18% per annum) on the unpaid balance will be charged on all accounts exceeding 60 days, unless previous written financial arrangements are satisfied.

In consideration for the professional services rendered to me by this practice, I agree to pay the charges for the services at the time of treatment or within five (5) days of billing if credit is extended. I further agree that the charges for services shall be as billed unless objected to by me in writing within the time payment is due. I further agree that a waiver of any breach of any time or condition hereunder shall not constitute a waiver of any further term or condition and I further agree to pay all costs and reasonable attorney fees if suit be instituted hereunder.

I grant my permission to you or your assignee to telephone me to discuss this statement or my treatment.

Patients with dental insurance: We are able to bill to all traditional, indemnity insurance plans. We do not accept DMO or DPO plans (Dental Maintenance or Dental Provider Organizations). Under these plans, there is no coverage when treatment is rendered by a non-participating dentist. Please check your type of plan carefully. Dr Brookover is a provider with Delta Dental, United Concordia, Guardian, and Principal; this is all subject to change.

Patients with Delta Dental Insurance: Dr. Brookover is a participating "Premiere" provider (not PPO). However, for all PPO plans, even though Dr. Brookover is out-of-network, we are still able to bill your insurance and benefits are payable. For more specific information about out-of-network benefit amounts, please call your insurance company.

Medical Insurance: For limited procedures, Dr. Brookover is a medical insurance provider with BCBS of NM and Presbyterian. We may submit to your medical insurance for one of the types of treatment that may qualify for payment, please check your plan carefully.

All Insurance Policy Holders: Insurance is contract between you and your insurance company. We will bill your insurance company as a courtesy to you. Please note that services are not rendered on the assumption that the insurance will pay us. You are ultimately responsible for payment of all fees generated by your treatment. If your insurance company has not paid your claim within ninety (90) days after the date of service, the full amount is due and payable by you. We will promptly refund you any insurance payments we receive if you have already paid the balance on your account. It is your responsibility to inform us of any changes in your insurance coverage.

I also understand that there may be a charge for any missed appointments or appointments that are not cancelled at least 48 hours before the appointment time.

I understand the above financial policy; I agree and will adhere to the policy.

Signature: _____ Date: _____

Patient Initials _____