Bates Family Dentistry

We are pleased that you have chosen Bates Family Dentistry to meet your dental needs. Our goal is to provide the highest quality dentistry available in a friendly, caring, and family oriented atmosphere. Our desire in serving you is not limited to your dental needs, but also building a relationship of Trust and Friendship. Our mission is to thoroughly communicate with you each aspect of your dental visit. We want to answer any questions that you may have, whether it pertains to your treatment, insurance, or payment. We want you to be as informed as possible. We believe that dentistry is a partnership between the staff and the patient. If there is anything we can do to serve you better, please let us know.

Insurance Information

Our first task is to verify your insurance to determine your coverage (amount of deductible, percent that the insurance will pay, any limitations, etc.). This is not a promise of payment. Until your insurance is verified, services must be paid at the time they are rendered. At your appointment, you will be responsible for any deductible and co-payment. In the event that you're insurance pays less than anticipated you will be responsible for the remaining balance.

Fee Agreement

Payment is expected when services are rendered. Those who have dental insurance are responsible at the time of service for estimated co-pays based on information received from your insurance company. Fees are computed on a cash basis. Unpaid balances will be subject to a late payment charge of $4.00 per month per account over 60 days. In case of default of payment, I promise to pay any legal interest on the balance due, together with any collection costs, court costs, and reasonable attorney fees incurred to effect collection on this account.

Authorization

I hereby authorize payment directly to the dental office of group insurance benefits otherwise payable to me. I understand that I am responsible for all costs of dental treatment. I hereby authorize the dental office to administer such medication and perform such diagnosis and therapeutic procedures as necessary for proper dental care. The information on the attached patient information sheet and medical history are correct to the best of my knowledge. I acknowledge communicating with my insurance company, a specialty practice, or in completing my financial obligations, as may be necessary to share personal information for me or family members and authorize Bates Family Dentistry to do so. I understand this information will not be used for any purpose other than my dental office care.

-The Staff of Bates Family Dentistry-

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Signature of Responsible Party **Date**