



DOUGLAS HARRINGTON D.D.S.
ORTHODONTICS & PEDIATRIC DENTISTRY

FINANCIAL POLICY/ARRANGEMENTS AND DENTAL INSURANCE

We are committed to providing you with the best possible care. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for service is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, check, MasterCard, Visa, Discover and American Express. Our professional treatment is rendered to you, not the insurance company. **You are responsible to us for the obligation of payment of treatment.** However, to serve and assist you in utilizing your dental insurance, this office accepts assignment of your benefits. **It is your responsibility to provide us with information required to assign payment to this office and you are responsible for uninsured amount not covered by your policy on the day of service.** Financial arrangements on outstanding balances are available. We will make every effort to work with you in order to meet your financial obligations.

Returned check will be charged a \$25.00 fee upon notification to us by the bank. You will receive communication from us if this occurs. Charges may also be made for broken appointments and appointments cancelled without 48 hours advance notice.

We will gladly discuss your proposed treatment and answer any questions relating to your account and insurance.

You must realize, however, that:

- 1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.**
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50%, or 80%) of "U.C.R.". "U.C.R." is defined as usual, customary and reasonable fees for this region. Thus, our fees are considered "usual, customary and reasonable" by most companies. This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as a dental care provider, our relationship is with YOU, NOT your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. If questions or concerns arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE, do not hesitate to ask us. We are here to help you.

Sincerely,

Dr. Harrington and Staff

If insured, I hereby authorize payment directly to the above named dentist of the group insurance benefits otherwise payable to me but not to exceed the charges shown above. I understand that I am financially responsible for any charges not covered by this authorization. I hereby accept the foregoing treatment plan and authorize release of any information relating to this claim.

Parent Signature _____

Dated _____