

## **Friedman D.M.D & Grater D.M.D PC**

Dr. Peter Friedman D.M.D  
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### **OUR FINANCIAL POLICY**

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we ask that you read and sign prior to any treatment.

All patients must complete our medical history, patient information, and insurance information forms before seeing the doctor.

**FULL PAYMENT IS DUE AT THE TIME OF SERVICE.**

**WE ACCEPT CASH, CHECKS, VISA/MASTERCARD/DISCOVER.**

**WE OFFER AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL.**

#### **Regarding Insurance**

We may accept assignment of insurance benefits if you provide us with the insurance information.

We cannot bill your insurance unless you give us all of your insurance information. If your insurance cannot be verified at the time of your appointment, payment will be due for the services.

**Your insurance policy is a contract between you and your insurance company.**

The balance is your responsibility whether or not your insurance company pays.

We will make every effort to maximize your insurance benefits for you. It would be very helpful if you would ask your employer for a handbook, or outline of your benefits. Please try to familiarize yourself with this information. We will likely be able to help you understand your benefits, so please bring it with you at your first visit. You are responsible to pay for deductibles and co-payment at the time of treatment.

#### **Usual and Customary Rates**

Every insurance company has its own idea of what is usual and customary with a great deal of variation. Our fee may differ from what your insurance company has established as its definition of usual and customary.

PLEASE TURN OVER →

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Please keep in mind the doctors and staff will be able to give you an approximation of your insurance benefits. Final determination and payment of a claim lies solely with the insurance carrier.

For Delta Dental Premier and United Concordia National Fee for Service, we are a participating provider and adjust our fees in accordance with the UCR.

Most insurance plans have a yearly maximum allowed payment. It is your responsibility to track how much insurance has been used in any benefit year. Fees that exceed the yearly maximum are the responsibility of the patient.

**Cash Courtesy**

All patients can elect to receive a 5% cash courtesy if payment is made at the time of service, and you elect to have your insurance carrier send payment directly to you.

We offer a senior citizen discount of 10% for our patients over 62 years of age, when payment is made at the time of service.

**Payment Plans**

We do offer an extended payment option with approved credit. This option has proven very useful, and has allowed many patients to accomplish important treatment. Please ask for an application should you wish to evaluate this method of payment.

**Missed Appointments**

Unless cancelled at least 48 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us to serve you better by keeping scheduled appointments. We understand that 48-hour notice is not always possible. If a particular situation arises, please discuss it with our staff immediately.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy:

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Patient  
or Responsible Party

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Co-Responsible  
Party