

Financial Policy/Insurance Signature on File

We are committed to providing you with the best possible care, and we will be pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees or Policy. Payment is due at the time services are performed. We do accept Cash, Check, VISA, MasterCard, Discover, and Care Credit.

If you have insurance, we will file for you; however, we do expect you to pay your deductible and estimated co-pay at the time of service. **Your** insurance policy is a contract between **you** and the **insurance company**. Understanding and being informed of your insurance benefits and changes, is **your** responsibility. Filing of insurance is a courtesy that we extend to our patients and we will do everything reasonably possible to collect on your behalf. **But, all charges are your responsibility from the date the services are rendered, until the account is satisfied in full.**

By signing this you are authorizing Crestview Family Dentistry to release any information including the diagnosis and the records of any treatment or examination rendered to yourself or your child, during the period of such dental care, to any third party payers and /or healthcare practitioners.

I authorize and request my insurance carrier/company to pay directly to the dentist upon receipt of claims filed in my behalf.

Signature

Date