

## **Financial Policy / Insurance Signature / Credit Card Authorization**

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 accept Cash, Check, VISA, MasterCard, Discover, and Care Credit.

\*We are considered **Out-of-Network** providers. Please direct questions relating to Out-of-Network benefits to our trained office team so that we may address insurance questions prior to your treatment.

\* If you have **DENTAL INSURANCE** we will file your insurance for you on your behalf. Any estimated co-payments and deductibles are collected at the time of service.

\* Once your insurance has paid, **any remaining balance will be billed to your credit card that remains encrypted as a token in your account.**

\* If you do wish to **pay by check** we will require identification with the check. Any fees associated with processing a nonsufficient fund check will be applied the patient's billing statement.

\*We ask that any **change of address** be updated in our system so that our bill/refund statements are sent to the correct address.

By signing this document you are:

- 1) 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.
- 2) Authorizing and requesting your insurance carrier/ company to pay directly to the dentist upon receipt of claims filed on your behalf.
- 3) Authorizing any remaining debt/credit after insurance benefits have paid to be billed/credited to your credit card kept on file.
- 4) Acknowledging that I have received a copy of the financial policy either online and/or in printed form and have had all questions addressed.

By typing or printing my signature, I am declaring this is my electronic signature.

X

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**ACKNOWLEDGEMENT OF RECEIPT**

I acknowledge that I received a copy of the Financial Policy 2022.