



FINANCIAL POLICY

Thank you for choosing our Dennis Murphy DDS/Clifton Family Dentistry as your dental health care provider. We are committed to providing you with the highest quality lifetime dental care, so that you may fully attain optimum oral health. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy, which we require that you read, agree to, and sign prior to any treatment.

Payment is due at the time service is provided. Our office accepts cash, personal checks, American Express, Discover, MasterCard, and Visa. Outside financing is available through Care Credit upon request and approval. If you would like more information about the Care Credit program, feel free to ask someone at the front desk.

Please Note: Returned checks will be subject to additional fees. In the case it becomes necessary for our office to enlist a collection service and/or legal representation, you will be charged for any collection and/or legal fees incurred up to 35%.

Do you have insurance?

- As a courtesy to you we will help you process all of your insurance claims. Please understand that we will provide an insurance estimate to you, however it is not a guarantee that your insurance will pay exactly as estimated. Your insurance company and your plan benefits ultimately determine the amount paid. We will, of course, do all we can to make sure your estimate is as accurate as possible.
- All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider our relationship is with you, our patient, not with your insurance company. Your dental insurance policy is a contract between you, your employer, and your insurance company. Our office is not a party to that contract.
- 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.
- We ask that you pay the deductible and co-payment, which is the estimated amount not covered by your insurance company, by cash, check, American Express, Discover, MasterCard, or Visa at the time we provide service to you.
- We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. Our office will not, however enter into a dispute with your insurance company over any claim. Also, if you are part of the Federal Government Anthem plan, the payment will be sent to you and you are responsible for the entire amount.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS.

Patient Name

Date

Print Name of Patient or Guarantor, if Minor

Signature of Patient or Guarantor, if Minor