

Addison Dental Group

Robert D. Halbach, D.D.S., P.C.

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Phone 972/233-2111

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Patient Name _____ Date of Birth _____

Payment:

Our primary mission is to deliver the best and most comprehensive dental care available. In an effort to keep dental cost down while maintaining a high level of professional care, we offer the following payment options for our patients.

- **Payment may be made by cash, check, American Express, Discover, Visa, MasterCard, or CareCredit**
- **Other Financial Arrangement—Made prior to treatment**

All major treatment may require an appropriate down payment. To avoid misunderstanding, our Office Manager or Treatment/Finance Coordinator will be happy to discuss any questions and/or financial concerns regarding fees and payment options prior to beginning your dental treatment.

A fee of \$25.00 will be assessed on all returned checks.

Billing:

An itemized walkout statement will be given to you at time of treatment that shows the estimate of what is expected from your insurance company based on your benefits and the Treatment Plan previously presented to you.

After receipt of insurance benefits an itemized statement covering all services rendered will be mailed reflecting the amount currently due, if any. A copy of your insurance company's Explanation of Benefits (EOB) will be included with the statement to explain your balance due or credit balance.

Insurance:

If you have dental insurance, we will be happy to help you determine the coverage you have available. Your insurance coverage, however is a contract between you, your employer and the insurance company.

- **We cannot guarantee payment of your claims, or accept the responsibility of negotiating claims with insurance companies or other persons.**
- **If your insurance company pays only a portion of your bill or rejects your claim you are responsible for full payment of services rendered.**
- **Claims not paid within 60 days from date of service become the responsibility of the patient or guardian.**

Cancellation of Appointments:

Scheduled appointments are for the benefit of both the patient and the doctor and are **RESERVED EXCLUSIVELY** for you. It allows patients to be seen quickly and efficiently, to maintain an effective flow of the doctor's schedule, and also allows the doctor to spend quality time with each patient.

- **We must be notified 24 hours in advance of any schedule change to your appointment.**
- **Tardiness of more than 15 minutes may constitute loss of an appointment.**
- **Failure to notify our office 24 hours in advance of a schedule change or No Showing for an appointment will result in a cancellation charge of \$25.00.**

Acceptance of Financial Policy:

I certify that I have read and understand the information listed above pertaining to payment, billing, insurance benefits, and cancellation policy, in addition to the items listed below and agree to comply with these stated policies.

- **I authorize and request my insurance company to make payment directly to Addison Dental Group/Robert D. Halbach, D.D.S., P.C. any insurance benefits otherwise payable to me.**
- **I also have read the above section on insurance and agree to the terms listed.**
- **I understand that my dental insurance carrier may pay less than the actual bill for services rendered.**
- **I agree to be responsible for payment of all services rendered on my behalf and/or my dependents.**
- **Changes to the policies can be made at any time without prior notification.**

Signature of Patient or Parent/Guardian (if Minor)

Date

Patient Name

Financial Policy