

STEPHEN H. CLARK, II, D.D.S.

AGREEMENT OF FINANCIAL RESPONSIBILITY AND OFFICE POLICY

In accordance with the federal Truth-in-Lending Act which requires all doctors to give their patients information in connection with extension of credit, please be advised of the following policies which apply in this office. The responsibility party agrees that:

1. Payment is due at the time service is rendered.
2. My insurance policy is a contract between me, my employer, and the insurance company. Dr. Clark's office is NOT a party to that contract. Dr. Clark's relationship is with me, not my insurance company. Though his office strives to receive prior authorization for major dental work, prior authorization is not a guarantee of payment. The insurance company will make that decision when the claim is presented for payment. Many plans tell their insured they will be covered "up to 50% or 80% or 100%", but do not clearly specify plan fee allowances, annual maximums, or limitations. If your insurance company does not pay in full within 45 days, we ask that you contact your carrier to help speed the process along. If after 60 days your insurance carrier still has not paid in full, we ask that you pay the balance in full with cash, credit card, or check.
3. It has been the experience of many dentists that some insurance companies tell their policy holders that "fees are above the Usual and Customary fees" rather than saying "OUR BENEFITS ARE LOWER". The amount your plan pays is determined by how much your employer paid for the plan. The less your employer paid for the insurance, the less you will receive. Remember you get back ONLY what your employer puts in. All charges are my responsibility whether my insurance company pays for them or not. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Fees for these services, along with unpaid deductibles and co-payments are due at the time of treatment. I am responsible for knowing what my insurance covers. **DENTAL INSURANCE IS NOT MEANT TO BE A PAY-ALL, IT IS ONLY MEANT TO BE AN AID.**
4. Personal credit may be checked. If my account becomes delinquent it will be sent to a collection agency after 60 days. A 55% collection fee will be added to my account and all charges incurred will be my responsibility.

I UNDERSTAND THAT THERE IS A \$50.00 PER HOUR FEE FOR MISSED APPOINTMENTS OR CANCELLATIONS WITHOUT 24 HOURS NOTICE.

X _____

Signature

Date