SCHUMACHER & BAUER, DDS
family and cosmetic dentistry

OUR FINANCIAL POLICIES AND YOUR DENTAL INSURANCE

We are committed to providing you with the best possible care. If you have dental insurance, we want to help you receive your maximum allowable benefit. In order to achieve these goals, we need your assistance and your understanding of our financial policies. Please read this form in its entirety and sign at the bottom

We encourage our patient to be familiar with the cost of their dental treatment. A full estimate is available to you before you consent to treatment. If you would like an estimate please be sure to request one.

- Patients without insurance; please make payment for your care at each office visit. Unless other arrangements are in place the following methods of payment are accepted: Cash or Check, Visa, MasterCard, and Discover. We also offer financing plans through Care Credit Financing.
- Your insurance is a contract between you, your employer and the insurance company. We are not a third party to that contract. As a service to you, we will help you file your insurance claim for reimbursement, providing we have complete and current insurance information. It is your responsibility to give our office your dental insurance information. We still consider the patient or responsible party to be liable for the account.
- Not all services are a covered benefit in all contracts. The insurance coverage purchased by your employer selects certain services they will not cover. You are responsible for deductibles and non-covered services. Please pay estimated portion as services are rendered. We would appreciate the remaining balances, if any, to be paid within 14 days after receipt of our billing statement.
- If you have any questions concerning our financial policies or any uncertainty regarding insurance coverage, PLEASE do not hesitate to ask. We are here to help you.

I have read and agree to the Financial Policy state above that applies to me.

Patient Signature_____ Date_____

Financially Responsible party name and Signature if different from above

Name_____ Signature_____ Date_____

*Please note: Responsible party may need to be contacted to verify information

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