Morris, Simmons & Associates
32363 Ann Arbor Trail, Westland MI 48185
Phone 734.425.5580 / Fax 734.425.9340
morris-simmons@sbcglobal.net
www.morrissimmonsassoc.com
A Partnership of Professional Corporation

FINANCIAL AGREEMENTS AND DENTAL INSURANCE POLICY

We are committed to providing you with the best possible care. If you have dental insurance we will help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

We will first discuss your proposed treatment and answer any questions about your dental coverage. If for any reason your treatment changes during your appointment, we will do our best to inform you of all your options. Payment for services is due at the time the services are performed unless arrangements have been approved in advance. We accept cash, checks, Visa, Mastercard, Discover, American Express and Care Credit. We will process your insurance claim for reimbursement and advise you if we accept your carrier here at our practice. We do our best to provide the most up to date insurance information that our patients deserve.

You must realize, however, that:

1. *Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract. Insurance was never meant to cover 100% of dental treatment, only to help you with your "out of pocket" costs.*
2. *Our fees fall within the acceptable range by most companies, and therefore are covered to a maximum allowance determined by each carrier. This applies to companies who pay a percentage (such as 50% or 80%) of "U.C.R.", which is defined as usual, customary, and reasonable by most companies. This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.*
3. *Not all services are a covered benefit in all contracts. Some employer/insurance companies arbitrarily select certain services they will cover.*

This office is a member of the American Creditors Association. As a courtesy to you we will be glad to submit your claim to your insurance carrier; however, you are responsible for the total amounts due such as co-pays, deductibles and any non-covered services. After any insurance payments or rejections, the balance is expected to be paid in full. As an option for patients having comprehensive dentistry, extended payment plans may be arranged (after one year of credit history in our practice). A collection fee will be added to your account in the event of default of payment or if an outside collection service is used.

We are required by law to maintain the privacy of your health information. We follow the privacy practices that are described on our "Notice of Privacy Practices", and we require your signature on our acknowledgement of receipt notice.

I authorize the use of this signature on all insurance submissions along with the release of all information to secure the payment of benefits. I authorize the insurance company indicated to pay to the dentist all insurance benefits otherwise payable for services rendered.

I understand and agree to the above office policy.

PATIENT OR GUARDIAN SIGNATURE: _____

DATE: _____