

**Randy Fagan DDS
4710 W. Urbana Street
Broken Arrow, OK 74012
918-455-6406**

Dear Patient:

Our payment policies are given below, please read each paragraph and sign as directed to acknowledge your agreement to abide by these policies.

Thank you.

If I am an uninsured patient:

- I understand that I am responsible for all payments at the time services are rendered.

If I am covered under dental insurance:

- I authorize and request my insurance company to pay directly to the dentist insurance benefits otherwise payable to me
- I understand that my dental insurance carrier may pay less than expected, and any non payment of benefits will be billed directly to me
- I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand that if my insurance has not made payment within 90 days of date of service, the dental office will delete the claim and I will be responsible to pay the dental office directly and personally file my claim with the insurance company.
- I agree to pay all co-insurance payments in full at time of service.

This dental office, to the best of its ability, tries to provide accurate insurance benefit summaries to the patient. Insurance is not a guarantee of payment, all claims are subject to eligibility review at the time services are rendered. Your insurance company only provides us with general information of your policy. ***IT IS YOUR RESPONSIBILITY AS THE POLICYHOLDER TO KNOW YOUR BENEFIT COVERAGE.***

All Patients:

IF FOR ANY REASON MY ACCOUNT IS TURNED TO A COLLECTION AGENT, A 25% HANDLING/FINANCE FEE WILL BE ASSESSED AND ADDED TO THE BALANCE DUE.

****If we cannot confirm a hygiene appointment the day prior to your scheduled service, we are unable to guarantee your appointment will be held*******

If you have further questions, please ask us. We are pleased to be your dental provider and thank you for allowing us to serve you and your family.