*Rocco Ciccone, M.S., D.D.S.*
792 S. Lapeer Road
Lake Orion, MI 48362
248-693-8366

Dear Patient,

Due to the many changes in insurance policies, it is no longer an easy task to interpret each individual policy. Although we try to stay aware of these changes, it is not always possible. Therefore, we urge you to please check with your insurance company prior to any office procedures. It is your responsibility to know your individual coverage. Failure to comply with this suggestion could result in you being responsible for all costs incurred during your office visit. Please remember that your insurance policy is between you and your insurance company and not between the insurance company and your doctor. Also, please be aware that benefits may change with yearly contract renewals resulting in changes to your policy. This again is your responsibility to know and to inform us when they occur.

## FINANCIAL AGREEMENT AND AUTHORIZATION

I hereby authorize payment directly to the Dental Office of the group insurance benefits otherwise payable to me. I understand that I am responsible for all fees, regardless of insurance coverage. Payment is due when services are rendered. If I do not pay the entire new balance within 30 days of the monthly billing date, a service charge will be added to the account for the current monthly billing period. The service charge will be a periodic rate of 1.75% per month. In the case of default of payment, I agree to pay any collection costs and reasonable attorney fees incurred to effect collection of this or future outstanding accounts.

My signature below verifies that I have read and understand this statement and all my questions have been answered. Furthermore, my signature will attest that I am financially responsible for this account and have had the opportunity to read the privacy notice.

X_____ Date_____

___Adult Patient ___Father (or Husband) ___Mother (or Wife) ___Guardian

Do we have your permission to discuss your treatment with a family member? ____Yes ____No

If yes, name of individual _____

Relationship to you and their phone number_____

X_____ Date_____