

THOMAS G. FAIVER, DDS, PC

FINANCIAL AGREEMENT

Every day new insurance companies are forming and present companies are changing. Consequently, it is impossible for us to know exactly what your insurance company will cover.

Please check with your own insurance carrier so you will be aware of your benefits available, and any limitations and/or exclusions. If you have any questions or concerns, our receptionist may be able to help you in clarifying these. Also, please let us know if any changes in coverage or companies occur.

If you do not inform us of insurance changes, you will be financially responsible for the services rendered.

If your insurance company does not cover services that are rendered, you will be financially responsible for those services.

You are responsible for the estimated co-pay at the time of service. If your insurance company pays more than expected, your account will be credited the difference. If your insurance company pays less than expected, you will be billed for the difference.

If you do not have dental insurance, you are responsible for all charges. Payment is due at the time of service. We accept cash, MasterCard, Visa, American Express, Discover, Cashiers Checks and Personal Money Orders.

I understand that I may be charged for a missed appointment if I fail to cancel with at least 24 hours notice. The fee for this will equal what the charges would have been for the appointment.

I have read and understand the preceding information.

Patient Signature (Parent/Guardian if minor)

Patient Name (please print)

Date