

Theresa B. Robinson, DMD, PA

FINANCIAL POLICY

Congratulations and thank you! You have chosen our team to assist you in reaching optimum oral health.

We are committed to providing you with the absolute best treatment and payment for our services is a crucial part of your treatment. The following is statements of our Financial Policy which we require you to read, understand, and sign prior to beginning this relationship.

REGARDING PAYMENT

We are a fee for service office. We DO NOT accept assignment of your insurance benefits unless prior approval has been done and your insurance agrees to pay out of network.

We accept the following forms of payment: American Express, Care Credit, Cash, Debit Card, Discover, MasterCard, Visa, certified money orders or bank checks. PLEASE NO PERSONAL CHECKS.

Payment in full is due at the time services are rendered unless prior written arrangements have been made with the doctor and/or billing receptionist.

REGARDING INSURANCE

Your insurance policy is a contract between you (and/or your employer) and your insurance company. We are not a party to that contract (thus considered out-of-network) but we know how important it is to you that your benefits are maximized during treatment. In the event we do accept assignment of benefits we will collect verified, predetermined copays, deductible, and non-covered charges at the time service is rendered. Should your insurance company not pay us in full within 30 days, the balance will be due immediately, and charged to your credit card account on file (see Pre-Authorized Healthcare Form).

Please be aware that services provided may be NON-covered services or our fees may not be congruent with the fees payable under the terms of your insurance policy. Our practice is committed to providing the BEST treatment for our patients and we charge according to the costs associated with that treatment. You are responsible for full payment regardless of any insurance company's determination of reimbursed rates or coverage. Your benefit booklet will have detailed information regarding coverage; coverage is never a guarantee of payment. A predetermination (verification of coverage) may be submitted to verify eligibility prior to beginning non-emergency treatment. In the event of an emergency payment in full is required.

\_\_\_\_\_  
Patient/Guardian printed name

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Patient/Guardian signature

\_\_\_\_\_  
Witness printed name

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Witness signature