

Anne-Lise Fink, DDS

◆ Personalized & Comfortable Dental Care ◆

3365 Clayton Road
Concord, CA 94519

OFFICE FINANCIAL POLICY

In our continued commitment to provide the highest quality dental care available to all of our patients, we are pleased to offer you these options for payment.

Please circle the form of payment you feel most comfortable using:

Visa * Master Card * Check* Cash* Care Credit* Please ask our administrative staff for details.

Usual Customary and Reasonable Fees

We are committed to providing excellent dental treatment to all of our patients based on their individual needs. Our fees reflect our commitment to the quality of care our patients deserve. We have found our fees to be usual and customary for dental practices in the immediate area, regardless of any insurance company's determination.

Insurance

As a courtesy to our patients, we will bill your insurance carrier. Please understand that your dental insurance is a contract between you, your employer and your employer's insurance carrier. As a dental provider, we are not a party to that agreement.

Assignment of Benefits

We do accept assignment of benefit, which means direct payment is made to our office from the insurance carriers. Insurance policies vary and service provided may be partially covered or not at all. Please understand that with assignments, the responsibility for full payment still remains with you. We request your co-payment at the time of service.

Insured patients are responsible for co-payment at the time of service. If your insurance does not pay their "ESTIMATED" portion that was calculated at the time of visit, the patient is then responsible for the remaining balance.

INITIAL

Financial Consent

The patient/guardian agrees that they are fully responsible for total payment of fees for treatment and services performed in this office.

Service Charge

There will be a \$25.00 charge for returned checks.

I UNDERSTAND AND AGREE TO THIS FINANCIAL POLICY.

Patient's Name/Signature

Date