

Nancy Hartzell, D.D.S.
5859 Secor Road
Toledo, Ohio 43623
(419) 474-9944

FINANCIAL POLICY AGREEMENT

INITIAL REGISTRATION AND UPDATES

We require your signature on this form, allowing our office to send the appropriate medical information to your carrier for payment of claims. Please ask the Receptionist if you require assistance with any of our forms. If there is a change of insurance, address, employment or phone number, please notify the business office immediately at 419-474-9944. We ask that you present your insurance card to the receptionist at every visit.

INSURANCE

Our office will file your claim to your primary and secondary insurance companies. Because we file your claims, we require complete and accurate insurance information from you before we can consider providing this service. If our information is not accurate and we cannot file the claim, you will be billed privately for the service(s).

A monthly statement will be sent to you as you incur charges through our office. Please pay the amount listed under the patient balance or if your claim has been filed in a timely manner with no response from your insurance carrier. Should your insurance carrier send claim payment directly to you, the patient, it is your responsibility to contact our office to clear your account for the date of service as soon as possible.

PAYING AT TIME OF SERVICE

You are responsible for knowing what services are covered or non-covered under your dental insurance policy. All deductibles, co-payments and non-covered services are due when you see the doctor. We will verify your benefits through your insurance carrier on your first visit and periodically thereafter. This will enable our business office staff to assist you with pre-planning payment of non-covered services. If your account is more than 60 days overdue, you will be required to pay at each visit until the delinquent amount is paid in full. This is called placing the account on a "cash basis."

COLLECTION POLICY

We will bill you monthly for balances due on your account. If the amount not covered by your insurance is more than you can pay within 30 days, our office will provide financial counseling to assist you in choosing one of several payment arrangements. If no payment arrangement has been made prior to or immediately after the service has been provided, and if your account is not paid within 90 days, you will be placed on a "cash basis." Accounts 120 days and over will be considered for legal collection and terminated from the practice of Nancy Hartzell, D.D.S. Please know that a finance charge is accrued after 90 days of no financial activity, and a delinquent service fee of \$25.00 assessed when turned over to collection.

My signature below indicates that I have read the statement above, understand and agree to comply with this policy. I also authorize payment of dental benefits to Nancy Hartzell, D.D.S.

Patient signature

date

Witness signature

date