

Financial Responsibility Agreement

Thank you for choosing Comfort Dental Care for your dental care needs. We are pleased to have you and your family as our patient. Dr. Santosh Mittal and Dr. Kenneth Miniman are the dental providers who will provide you and your family with the necessary treatment at our office.

- If you **do not** use your dental insurance the full amount is due the day the treatment has begun unless prior arrangements are made with our office for payment
- If you use your dental insurance, we must inform you that as a courtesy we submit the rendered services to your insurance company at the time the treatment is started. Your dental insurance company will give us an estimated percentage that you will be responsible for. The estimated co-insurance will be due the day that the treatment is started along with any other fees that may apply. If you have any questions about your estimated responsibility, you may ask us before the treatment is started. It is your responsibility to know you own dental insurance benefits and co-payments on the dental services provided to you and your family.
- When you have fillings most insurance companies will pay for silver fillings on your back teeth. The white fillings are considered cosmetic. You have the option of choosing silver. We do restore with white filling **unless you tell us otherwise**. You would pay your standard estimated copay, your deductible, and the difference in the cost of white verses silver filling, and any other cost that your insurance does not cover.
- Once your insurance company has made payment to your account, we will inform you if there is a credit on you account. In the event that there is a balance due we will send you a billing statement in the mail. We require payment within 21 days otherwise we reserve the right to add finance charges at the rate of 1.5% monthly.
- If you would like a more precise estimate of insurance payment, you may request a predetermination to be sent to the insurance company. It may take up to 6-10 weeks to receive this estimate back. Even predetermination does not guarantee the payment from your insurance company and it delays the necessary dental treatment.

I, _____ understand that I am fully financially

PRINT NAME

responsible for all payments due at the time of service. I understand that it is my responsibility to communicate with my insurance company to obtain information about how much treatment I can receive and the amount remaining on my dental plan each year.

Signature

Date