

Financial Agreement

Please read entire form carefully, then sign and date the bottom
The following defines the financial policies of this practice.

Payment is due at the time services are rendered

The front desk staff will estimate the amount you owe for procedures *the* doctor has completed or those procedures which are in progress. Remember, this is only an estimate. The actual out-of-pocket expense may be less than or greater than the amount estimated and collected. You may be reimbursed or apply the excess to another **date** of service if we have collected too much,

Some insurance plans require the patient to pay only a percentage or co-payment directly to our office. Some plans require the patient to pay the entire amount due for that visit. Some plans will reimburse the covered amount only to the patient We will work with your plan, and submit the form necessary to receive the reimbursement as a service to our patients.

Insurance Coverage

We accept many different insurance plans. All plans have a unique schedule of covered services depending on what plan you or your employer has purchased. There is no guarantee that services will be covered. You or the person responsible for this account, will be responsible for payment of non-covered procedures. There may be additional charges to cover the costs of parts or lab fees, depending on the treatments provided and type of insurance coverage, **if you wish**, we can send a predetermination to your insurance carrier, The advantage of this is knowing approximately what your out-of-pocket expenses will be for labor charges, but a disadvantage is that treatment is delayed. This in itself could complicate matters as problems may worsen

Major Work

Patients receiving major work (crowns, bridges, dentures} or bleaching kits must have their portions, including lab fees and parts fees completely paid off before the work can be delivered or cemented.

Cancellation Policy

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" appointment book. We understand that delays can happen however we must try to keep the other patients and doctor on time. **If an appointment is not cancelled at least 24 hours in advance you will be charged a twenty five dollar (\$25) fee; this will not be covered by your insurance company.** Leaving an **understandable** message on the answering machine is acceptable for canceling an appointment. Also if you are over 20 minutes late for an appointment we may reschedule the appointment.

Returned Checks

There will be a returned check fee of \$20 for any NSF check. This fee may increase depending on the bank's charges. This fee will be added to the outstanding balance.

THANK YOU FOR CHOOSING OUR OFFICE.

I understand to the financial policies of Dr. Rudolph J Linhuber and agree to them.

Signature of Responsible Party

Date