

Thomas M. Green, D.D.S., Inc.  
Family Dentistry

Financial Policy

We are committed to providing you the best possible dental care. If you have dental insurance, we will help you receive your maximum allowable benefits. In order to do this, we need your assistance and your understanding of our financial policy.

For your convenience, we accept Visa, MasterCard, Amex, and Discover, We deliver the finest care at the most reasonable cost to our patients, therefore payment is due or payment arrangements need to be made when treatment is rendered. **Please be aware you are fully responsible for all fees charged by our office regardless of your insurance coverage. Any remaining balance after your insurance has paid is your responsibility.** Your prompt remittance is appreciated.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize however that:

1. Your insurance is a contract between you, your employer, and your insurance company.
2. Dental insurance is not meant to be a pay-all: it is only meant to be an aid. Many dental procedures are not covered by dental insurance at all. If you should have any questions regarding the details of the plan you should contact your insurance company.
3. Many plans tell you, you will be covered at "100%". In spite of what you are told we have found that most plans only cover approximately 50-80% of an average fee. It has been our experience that some insurance companies tell their customers that "fees are above the usual and customary" rather than saying "the benefits are low".
4. On occasion our office may need to refer you to another dental specialist to complete a dental procedure Dr. Green does not offer. When those times arise the office being referred to will or may access your dental benefits and further reduce your calendar year benefit.
5. It is a courtesy to you that our office can access your benefits and help you understand them. Also we will bill your insurance for all services rendered in this office and we ask that your insurance company assigns all benefits be paid to our office directly for services rendered.

I hereby authorize payment of the dental benefits otherwise payable to me directly to the above named provider.

I understand and agree that, regardless of any insurance coverage, I am responsible for the entire balance on my account for any professional services rendered.

All financially responsible parties must sign this form, whether you have insurance or not.

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Signature of Financially Responsible Party

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Date