

**NOTICE OF RESPONSIBILITY TO INSURED**

**PATIENTS**

I AM RESPONSIBLE FOR ANY AND ALL CHARGES THAT I INCUR, INCLUDING BUT NOT LIMITED TO THE FOLLOWING:

- If I am not eligible for insurance or do not have insurance.
- The treatment goes over my yearly maximum.
- It is my responsibility as the patient to be aware of what amount of my insurance has been used.
- Any treatment that is denied by my insurance company for any reason.
- I prevent or delay payment by not complying with requests from the insurance.
- I do not complete my treatment and it results in non-payment by the insurance company.
- Lab cost that incurred due to a missed appointment.
- If I receive an insurance check and do not forward it to Smile West Seattle

I hereby authorize payment directly to Smile West Seattle. I understand that I am financially responsible for any and all charges, and accept that financial responsibility. I am responsible for making financial arrangements for payment of services prior to the commencement of treatment for myself and my dependants. Any outstanding balance for prior services must be paid, before any other dental work is started.

**FINANCIAL AGREEMENTS AND CANCELLATIONS**

Financial arrangements are handled as follows: the patient is ultimately responsible for the account. For your convenience, we will submit your insurance claims. Most insurance companies do not cover dental charges at 100%. Therefore your portion is payable at the time of service. You are responsible for the payment of your bill regardless of the status of your insurance claims. Please monitor your monthly statement and notify us immediately if insurance payments have not been applied to your account within thirty days. Balances over 60 days old are subject to a service charge of 1.5% per month. Should the account be referred to QCI for the collection, the undersigned, or the agents, will be responsible for the payment of the interest on the unpaid balance at 1% per month from the date of service (per RCW 19.52), collections fees and attorney's fees and any court costs. Broken appointments and or cancellations without 24-hour notice will be subject to a \$50.00 charge. Non-sufficient funds or returned checks are subject to \$50.00 charge. A check written to our office on a closed account will be fully prosecuted (per RCW 62A.3 515 & 520) There is a \$35.00 charge for the record release form must be on file.

We hope you will be very satisfied with our office, and remember we are here to assist you with any problems you may have.

I have read the above and agree to these charges and conditions. ....

Please print name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_