



Patient Financial, Insurance, and Cancellation Agreement

Welcome to Family Dental Care of Eufaula. We are honored that you have chosen us as your dental health care provider. It is the intention of the doctors and the staff at Family Dental Care to provide you with thorough and effective dental care. Please let us know if there is anything we can do to make your visit more enjoyable.

At Family Dental Care, we strive to keep costs affordable for our patients. If you have insurance benefits, we will work with you to help you understand and maximize your coverage. Insurance companies and coverage can vary. Your contract for insurance benefits exists between you and your insurance carrier. Please remember that you are ultimately responsible for your account with our office.

1. **Payments Accepted:** cash, check, Visa, MasterCard, DiscoverCard, and American Express.
2. **Insurance:** **All payments and deductibles are due at time of service.** If you have dental insurance, we will be happy to file your claim(s) for you as a courtesy. Ultimately, what insurance does not cover is the responsibility of the patient. Family Dental Care is a contract provider for Blue Cross Blue Shield of Alabama, Delta Dental, and Cigna, and also accepts most other major dental insurances. If your insurance does not cover 100 percent of the charges, you may be billed any additional amount. Please remember that regardless of insurance coverage, you are responsible for your account with our office.
3. **Treatment Estimates:** We strive to give the closest estimate of treatment costs based on information the insurance company provides to us. If you would like a more exact figure, we can file a **pretreatment** claim to your provider. This process usually takes 2-4 weeks. Please feel free to request this service at any time.
4. **Cancellation/No Show Policy:** Our office requires a 24-hour notice for any canceled appointments. A fee of \$25 may be assessed for canceling an appointment without 24-hour notice or not showing up for an appointment.

We make every effort to advise you of your estimated financial responsibility. If you have any questions about treatment or financial estimates please notify a staff member promptly, as we value an open and honest financial relationship with all of our patients.

I have read, understand, and agree to abide by this policy.

Signature