

THOMAS A. TAFT, D.D.S.

FINANCIAL POLICY

Thank you

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. We accept cash, checks, and credit cards. The following is a statement of our financial policy, which we require you read and sign prior to any treatment. All patients must complete required information and insurance forms before seeing the doctor.

Regarding Insurance

We may accept assignment of insurance benefits. However, we do require payment of co-pay at time of service. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information and an original claim form. We are not a party to that contract. Please be aware that some of the services provided may be non-covered services.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary fees.

Minor Patients

The adults accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa, Master Card, American Express or Discover Card; or payment by cash or check at time of service has been verified.

Missed Appointments

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointment.

**Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.
I have read the Financial Policy. I understand and agree to this Financial Policy.**

Signature of Patient or Responsible Party

Date

Driver's License Number

Issuing State