



SMILES *by* BERGEN DENTAL

### Financial Obligation

1. Co-payments are due at time of service. If no predetermination is rendered, co-payment is collected and considered an estimation until response is received by the insurance company.
2. Smiles by Bergen Dental will bill participating insurance companies after verifying coverage. If claims are not paid, then the patient will be billed for services rendered.
3. It is the patient's responsibility to inform our office staff of any updates or changes to insurance coverage.
4. Payment for non-covered services, deductibles, and coinsurance amounts are due within thirty (30) days of receipt of invoice.
5. If insurance payments are paid to you in error, instead of Smiles by Bergen Dental, the payment must be forwarded to us. This can be done by issuing a personal check. Be sure to include a copy of your insurance company's documentation or explanation of benefits.
6. If you do not have insurance that Smiles by Bergen Dental participates with, you are responsible for payment in full for services rendered.
7. Processing fees may be imposed for non-payment of out-of-pocket expenses referenced above, and for checks returned by the bank for non-payment.
8. Any fees incurred from the account collection agency will become the patient's responsibility.
9. Patients who do not inform the office of cancellations 24 hours prior to their scheduled appointment are subject to a \$50 fee.

**I HAVE READ AND UNDERSTAND THE INFORMATION AND MY RESPONSIBILITIES AS STATED ABOVE:**

Patient/Guardian \_\_\_\_\_

Date \_\_\_\_\_