

**Fort Street Dentistry
4009 Fort St.
Lincoln Park, MI 48146**

We do our best with the insurance information given to us to verify your personal insurance coverage and to find out your benefits. However, you need to be aware that the information your insurance company provides to us is very limited and is not a guarantee they will cover any procedures. We will provide you with an *estimate of your co-pay. The Patient is responsible for the account and your insurance is only a third party of benefits. The balance and treatment is the patient's sole responsibility and NOT the responsibility of the insurance carrier.*

For Patient's with dental insurance, we are happy to work with your carrier to maximize your benefits and directly bill them for reimbursement for your treatment, but the balance is ultimately the patient's responsibility. Any and all estimates you have received from our office are just that... An Estimate! As a courtesy to our patients, we do phone your insurance carrier for a breakdown of benefits and that information is reflected on your estimate. Unfortunately, your insurance carrier will NOT guarantee any information given to us; therefore, we cannot guarantee what percentage of your treatment they will cover. We do not base our diagnosis on what your insurance will, or will not, cover. Diagnosis of treatment is based on your dental health and what the teeth, bone, and/or gums are in need of, in a conservative approach. The patient is ultimately responsible for all charges incurred with our office should your insurance carrier not pay for any reason.

Financial Agreement

_____ Payment in full for all charges is required at the time of visit. Delinquent accounts (30 days or older) are subject to reasonable service charge and/or modest interest rates (based on 2% interest rate per month).

_____ Collection Proceedings: We want to avoid any possibility of collections for your account, but in the event your account is turned over to a collection agency for non-payment or other delinquency, you will responsible for payment of any collection costs and/or attorney fees, in addition to the balance owed.

Patient Signature

Date

Witness

Date