Farmington/Sunrise Dental
Financial Acknowledgement

Insured Patients of Record;

I understand that services rendered to me by Farmington/Sunrise Dental are my financial responsibility and that the provider will bill my insurance as a courtesy. I authorize my insurance company to pay my benefits directly to my provider and I understand that I will be fully responsible for any outstanding balance on my account. This is a direct assignment of my rights and benefits under this policy. This payment will not exceed my indebtedness to the above-mentioned assignee and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment. I authorize the provider to release any information necessary to adjudicate the claim, and understand that there may be associated costs for providing information beyond what is necessary for the adjudication of a clean claim.

As a patient, it is your responsibility to understand your insurance plan benefits. It is our courtesy to verify insurance based on what the insurance "tells" us which is sometimes not correct.

Not all services are covered in all insurance contracts. If your insurance plan does not cover a service or procedure, you are responsible for payment of these charges. If your insurance company does not pay the practice within a reasonable period, we will look to you for payment. If we later receive a check from your insurer, we will refund any overpayment to you

It is your responsibility to inform us of any changes with your dental plans before your arrival. It is also your responsibility to release all insurance information to us for proper billing.

How did you hear about us; Friend____ Family____Google ____Yelp _____Media _____ Union _____

Payments; Payment for all services are due the day of service, unless other arrangements have been made. If at any time there is new information regarding an insurance plan, it is the responsibility of the patient or responsible party to inform us of said changes or updates. Our office accepts Care Credit, a third party payer. This makes it more convenient for our patients to start treatment immediately while making interest fee payments to Care Credit. If you would like more information, please ask.

Cancellation Policy;

In order to be respectful of other patients' needs, please be courteous and call our office promptly if you are unable to attend an appointment. This time will be given to someone who is in urgent need of treatment. We ask that you contact our office two business days (48 hours) in advance to cancel or reschedule your appointment.

No Show Policy; A 'no show' is an appointment that was not canceled in advance (minimum of 24 hours in advance). No shows inconvenience other patients who need dental care. A 'no show' for a scheduled appointment will result in a fee of $75**. LATE ARRIVALS** In an effort to serve our patients in a timely manner, we ask that you are on time for your scheduled appointment. In the event you are running late, please call the office. If you are more than 15 minutes late to your scheduled appointment, you may be asked to reschedule. Thank you for choosing Farmington Dental for your dental needs. We look forward to a long lasting relationship with you

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Signature Date