



Dedicated To Excellence In Periodontics & Implantology

Financial Policy

Thank you for choosing Drs. Poulos & Somers for your periodontal needs. Our primary goal is to offer state-of-the-art treatment and deliver the best and most comprehensive dental care available. In order to make the goal of obtaining optimal oral health as easy and manageable for our patients as possible, we are pleased to work with you in making financial arrangements, which are feasible for the both parties.

Payment Agreement Terms and Payment Information:

- **You are fully responsible for your account.** You will receive monthly statements of your account balance regardless of where you stand in treatment or with insurance.
- Payment or complete payment arrangements are required at the time of service.
- Payment forms accepted: cash, check, Visa, MasterCard, or Discover.
- Any account balance defaulting past 60 days will automatically be audited for collection procedures. You will have 30 days to respond to our notice before the account will be forwarded to an outside collection agency. If the account is forwarded outside of our office you will be responsible for the balance on the account along with any and all charges accrued through the collection process.

Insurance Information:

- In order to make the insurance process go as smoothly as possible, we require patients to provide us with accurate insurance billing information before the time of service. In addition to a copy of your dental insurance card or print out of your information, please provide the social security number, birth date, and employment information of the insured. If processing of a claim is delayed due to lack of complete information from you, the balance in full will be your responsibility regardless of your insurance coverage.
- This office will file insurance as a courtesy to you, but we do require a partial payment at the time of service. If payment from your insurance is not received in 30-45 days, please contact our office directly. We have systems implemented to track these claims, but appreciate your awareness on what is happening with your account and insurance status. **Once your insurance has responded payment is due in full, or final payment arrangements must be made.**

- Our office does not bill to medical insurance, and we do not accept Medicare or Medicaid. However, if you choose to file claims to a medical carrier, we will provide you with any supporting documentation that you need.

By my signature, I certify that I understand the above and agree to abide by the same:

Patient Name (If different from the responsible party, please print): _____

Name (please print): _____

Signature: _____ Date: _____