

Joel Miller, D.M.D.

FINANCIAL INFORMATION

We are committed to providing you with the best possible dental care.

Payment for services are due at the time services are rendered, unless prior payment arrangements have been made and approved in writing. Your estimated portion of the fees will be computed at the time of your appointment. This amount is due at the completion of the appointment. We gladly accept Visa, MasterCard, Discover, American Express, checks, or cash. For larger amounts, we also offer financing through Care Credit and Capital One Healthcare Finance. We will be happy to accept assignment of dental benefits for those who qualify. If there is still a balance owed after the insurance company pays, that balance will be due and payable within 30 days by you.

A charge will be made for each appointment failed or cancelled without one business working day advance notice, at the rate of \$25.00 per 30 minutes scheduled. Appointment time is reserved in advance. Even with a short notice call list, with such short notice, we do not have an opportunity to fill the time with another patient trying to get in.

Returned checks and balances older than 60 days are subject to additional collection fees and interest charges of 1.5% per month. If an account becomes delinquent, the guarantor will be responsible for all legal fees incurred in collection of that account.

Your benefit plan is a contract between you, your employer and the insurance company and we are not a party to that contract. We will be happy to help you receive the maximum benefits provided under your benefit plan. It is very difficult to estimate your estimated portion, since the dental office is not given information of your dental insurance contract. Not all services are a covered benefit in all contracts. Some policies have limitations and restrictions in order to keep the premium lower to the employer. For example, some plans will reduce benefits to the “lowest standard of care”, such as paying for a “silver” filling rather than tooth-colored fillings. This does not dictate what treatment should be done or change the recommended treatment plan of the doctor, rather it is the limitation of the benefit allowed for that type of procedure.

If you have any question about the above information, or any uncertainty regarding insurance coverage, please do not hesitate to ask. We are here to help you.

- I understand that my insurance is an agreement between my insurance company and me. I also understand that I am responsible for payment of my account, regardless of my insurance.
- I assign dental benefit payments to be paid directly to Dr. Joel Miller from my insurance company or benefit plan.
- I give permission for Dr. Miller and his team to take any necessary diagnostic films, photos or study models to properly enable complete diagnosis and treatment.
- I have read the above statements. I fully understand and agree to these terms and conditions.

Signature of responsible party

Date