

**ROTHWANGL DENTAL CARE**  
**CHRISTIANE ROTHWANGL, DDS**  
[www.Rothwangldentalcare.com](http://www.Rothwangldentalcare.com)

**FINANCIAL POLICY & DENTAL INSURANCE**

We are committed to providing you with the best possible care. If you have dental insurance we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy.

**Payment for services is due at the time of treatment.** Our office offers the following options-

Cash, personal check

Discover, MasterCard, Visa, American Express

CareCredit patient financing

\*Checks not honored by your financial institution will be assessed a \$30 service fee in addition to the financial institution fees.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

You must realize, however, that:

1. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
2. We choose not to participate in managed care/PPO contracts with dental insurance because we feel it will not allow us to provide the level of care and service that our colleagues and patients have come to expect of us and that we demand of ourselves. However, some of these plans with "out of network" benefits will reimburse you for a portion of your total cost.
3. Your insurance is a contract between you, your employer and your insurance company. We are not a party to that contract. We must emphasize that as dental care providers, our relationship is with you, the patient, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility for the services which are rendered.

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

I have read and understand the above information. \_\_\_\_\_ Initial

I have received a copy of this office's Notice of Privacy Practices. \_\_\_\_\_ Initial

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_