

# FRIENDLY SMILES DENTAL GROUP

## Financial Responsibility Statement

As you are aware, the nature of insurance rules and regulations is more complex than ever. Here at Friendly Smiles Dental Group office, we are actively involved with hundreds of insurance companies, IPA's, HMO's, EPO's and PPO's, each with its own set of rules that may or may not change on a regular basis. Although we attempt to keep abreast of common changes, you will be responsible for any changes incurred that are denied due to lack of compliance with your insurance company. Due to increased billing cost, any patient responsible account which is not paid within 30 days of the first statement will be changed an \$8.00 rebilling fee each billing cycle thereafter. Please become familiar with your insurance plans' regulations.

1. Secondary insurances will not be billed by this office. Upon determination by your primary insurance of the amount due by your secondary insurance, you will be sent a statement. Therefore, you will be responsible for payment. You may submit our statement to your secondary insurance for your reimbursement. Some supplemental insurances automatically cross over for Denti-cal Check with your carrier to see if your plan automatically crosses over.
2. Co-payments and outstanding balances will be collected PRIOR to being seen. Unmet deductibles are expected to be paid in full at time services are rendered.
3. If your insurance delays payment or denies payment of your claim, we may need to contact the Insurance Commissioner on your behalf. By signing this agreement, you are giving Friendly Smiles Dental Group permission to do so.
4. Bring in any necessary information to assist us in billing your insurance, i.e. copy of your insurance card, authorization or referral from your primary care physician if required by your insurance policy.
5. Patients with no insurance will be expected to pay for the initial visit in full and further visit unless arrangements have been made.

Again, we at Friendly Smiles Dental Group strive to assist you through our billing coordinator. Thank you, and please sign below to acknowledge your acceptance of these policies.

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Name

Date

Staff Member

Date

Friendly Smiles Dental Group