



Financial and Dental Insurance Policies

Our office will gladly work with you to help maximize your insurance benefits. As a courtesy, we will file any insurance on your behalf. Dental insurance offsets the cost of treatment but does not pay for the entire procedure. You will be asked to pay your deductible and your co-payment on the day the services are rendered. We offer financial options that help you get your treatment completed. Please consult our business team to discuss your payment options and see which one will work best for you.

We will do our best to estimate your portion of the payment, however we can make no guarantee of any estimated coverage. The insurance policy is an agreement between you and your insurance provider. You are ultimately responsible for all charges. If after 90 days the insurance provider has not paid your claim, you will be responsible for the total balance. _____ ***(Initial)***

The parent or guardian noted as the responsible party on the initial visit for the Child's account is financially responsible. Note: regarding parents or guardians who are divorced, separated, or single; we are not in a position to mediate payment arrangements between parents or guardians.
_____ ***(Initial)***

In the event that your account is placed with a Collection Agency, a collection-fee of up to 33.3% may be added to your account and shall become a part of the Total Amount Due. You will be responsible for any and all reasonable collection fees including collection fees, reasonable attorney fees and court cost.

You agree, that in order for us to service your account or to collect any amounts you may owe, we and our collection agencies may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We and our collection agencies may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable. _____ ***(Initial)***

Print Patient Name: _____

Sign Name: _____

Date: _____ ***Bellano Staff Initials:*** _____