

Financial Policy
Dr. John C. Besperka, DDS

We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy or your responsibility.

Payment in full is expected at the time services are rendered. For your convenience, we accept most indemnity insurance plans upon verification of coverage.

Indemnity Insurance allows for your reimbursement of a percentage of the fees for service. We strive to help you maximize your benefits on these plans. We will be happy to file the claim with your insurance company. In doing this, you will only need to pay the difference between the total fees and the portion we estimate insurance to pay. We will then allow 60 days for your insurance company to make payment in full. If the full balance is not paid within that 60 days, the balance then becomes your responsibility and is due and payable in full within 15 days.

Insurance Coverage is a contract between you and your insurance company. We are NOT a party to this contract. We file claims as a courtesy to you. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc. ***YOU ARE ALWAYS RESPONSIBLE FOR THE TIMELY PAYMENT OF YOUR ACCOUNT.*** You also must remember that when we require you to pay your estimated portion, ***IT IS ONLY AN ESTIMATE. IF YOUR INSURANCE COMPANY PAYS LESS THAN WE ESTIMATED, YOU ARE RESPONSIBLE TO PAY THE ACCOUNT IN FULL.*** If your insurance company happens to pay more than we estimate, we will be happy to issue to you a credit balance refund.

In case of default and it should become necessary for any account to be turned over for outside collection action, you may be charged with any and all collection costs and reasonable attorney and court fees incurred while attempting to collect on this amount or any future outstanding account balances. Failure to keep your account in a current status may result in you being unable to receive additional dental services except for dental emergencies or where there is a prepayment for additional services.

MISSED APPOINTMENTS: Our office policy is to charge a fee of \$65.00 for any appointment canceled with less than **24 hour notice**. Your appointment time has been reserved especially for you and we hope no change in the time will be necessary.

I HAVE READ AND UNDERSTAND THE ABOVE FINANCIAL POLICY AND AGREE TO THE TERMS AND CONDITIONS SET FORTH IN THIS POLICY.

Signature of Patient/Responsible Party

Date