



## PATIENT FINANCIAL RESPONSIBILITY

*While we will do our best to closely estimate the cost of your dental treatment in advance of your procedure, from time to time insurance companies do not pay everything that we anticipate, despite our very best efforts to have them pay for your treatment. In this situation we will notify you should an outstanding balance come due.*

*We have updated our accounting procedures to eliminate patient billing. It is our understanding that patients do not wish to receive bills from the dental provider and we have found that this approach is both efficient for our business as well as appreciated by our patients.*

*Thank you in advance for understanding and know that we will always handle any financial matter with the same care and privacy that we handle all of our patient's treatment.*

*Sincerely,*

*A.E. Miller, D.D.S.*

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Card Type

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
V-Code (3-4 digit # on back of card)

\_\_\_\_\_  
Zip Code

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Signature

\_\_\_\_\_  
Date

**\*\* By providing information above, you authorize Summit Dental to charge any outstanding balance owed, if not collected within 30 (thirty) days of being notified.**