

## **PINE LAKE DENTAL CARE FINANCIAL POLICY**

We appreciate the opportunity to serve you! It is our goal for patients to clearly understand their treatment needs, as well as their financial responsibility, before treatment begins. Please read the following carefully and ask us any questions you might have.

### **INSURANCE**

As a courtesy to our patients, we will submit insurance claims directly to your insurance carrier. We can estimate and will assist you in determining your insurance benefits. **Any patient portion is due at the time of service.** If for any reason, the estimated amount is not paid by your insurance company, you will be responsible for the unpaid balance.

We encourage you to review your insurance policy in detail so that you are aware of your plan's specific benefits and maximum coverage. It is your responsibility to know your insurance coverage and to notify us of any changes that may occur.

### **NON-INSURED AND EMERGENCY SERVICES**

Payment in full is required at the time of service.

### **PAYMENT OPTIONS**

We accept **Visa, MasterCard, checks, cash, and online payment** for the amount due.

### **TWO BUSINESS DAYS NOTICE IS REQUIRED FOR RESCHEDULING APPOINTMENTS**

Cancellations fees will be charged for missed appointments or for short-notice cancellations.

Dr. Robertson and Dr. Phan reserve your appointment time exclusively for you. Please be considerate.

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This is an agreement between Christopher C. Robertson, DDS, PS, as creditor, and the Patient/Debtor named on this form. By signing this agreement, you consent to treatment by Christopher C. Robertson, DDS, PS and his staff and agree to pay for all services that are received. In addition, you authorize Christopher C. Robertson, DDS, PS to release any necessary information requested by your insurance carrier and authorize payment directly to Christopher C. Robertson, DDS, PS for any benefits available under your insurance plan.

Patient's Name: \_\_\_\_\_

Responsible Party (If patient is under 18 years-old): \_\_\_\_\_

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