

FORNI DENTAL
Max Forni D.M.D. P.A.

Financial Policy

We are dedicated to providing the best possible dental care for you and your family, and we want you to completely understand our financial policy. Payment is due at the time of service unless arrangements have been made in advance. We accept cash/checks, Visa, MasterCard, Discover, and American Express. We also will be glad to help you with contacting Dental Fee Plan or other financial services.

I authorize the release of any medical/dental information necessary to process an insurance claim for services rendered by Max Forni D.M.D. P.A.. I certify the information provided is correct. I authorize and assign payment of benefits to Max Forni D.M.D. P.A. for services rendered. This assignment will remain in effect until revoked by me in writing. A photocopy of this form is to be considered as valid and effective as the original.

We file insurance for most companies, excluding any DMO insurance companies. Your insurance is a method for you to receive reimbursement for the fees you have paid for services rendered. Having insurance is not a substitute for payment. Many companies have fixed allowances or percentages based on your contract with them, not with our office. It is your responsibility to pay the deductible, and any other balance not paid, or not covered by your insurance at each visit. In the event your insurance company determines a service to be "not covered", you will be responsible for the complete charge. It is your responsibility to monitor your insurance benefits, effective date and termination dates of coverage. We will assist you in pre-authorizations, benefits, and receiving reimbursements as much as possible, but you are responsible for your bill. We will wait up to 60 days for payment from your insurance company. If the insurance company has not paid within 60 days, we will expect the balance in full from you at that time.

Delinquency charges of 1.5% monthly on the unpaid balance may accrue.

There will be a \$50.00 "no show fee" charged after two consecutive missed appointments without 24 hours notice. This charge must be paid prior to scheduling any further appointments. This charge will not be billed to insurance.

In the event that any litigation is required to collect the sums due from you under this agreement, Max Forni D.M.D. P.A. shall be entitled to recover from you, all of its legal costs and expenses, including reasonable attorney fees, before trial, at trial and in any appellate proceeding.

I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ALL CHARGES. I HAVE READ THE STATED FINANCIAL POLICY OF MAX FORNI D.M.D. P.A. AND AGREE TO ABIDE BY ITS TERMS. I ALSO UNDERSTAND AND AGREE THAT SUCH TERMS MAY BE AMENDED BY THE PRACTICE FROM TIME TO TIME.

Patient Name _____

Date _____

Patient Signature _____