CLEAR SPRINGS FAMILY DENTISTRY
FINANCIAL AND DENTAL BENEFITS POLICY

Thank you very much for choosing our office to serve your dental needs. Claims for your Dental Benefits are filed on behalf of our patients to your primary Dental Benefit Carrier. As a courtesy to you, we will gladly process your Dental Benefits. However, **if a claim is not paid in full by your Carrier, the balance is your responsibility**. The benefits belong to you, and are an agreement between you and your Dental Benefit Carrier. There are NO GUARANTEES of benefits from your Carrier until the claim is processed and paid.

THEREFORE, ANY AMOUNT QUOTED TO YOU BY OUR OFFICE REPRESENTATIVE IS ONLY AN ESTIMATE AND ANY REMAINING BALANCE AFTER YOUR CARRIER HAS PROCESSED THE CLAIM IS YOUR RESPONSIBILITY . ______ (initial)

Payment is due at the time of service for all procedures. If you have Dental Benefits, your estimated portion is due at the time treatment is started. It is our office policy that patients pay for their portion in full and we will file a claim to your Carrier for their estimated portion. For your convenience, we accept cash, checks, Visa, Mastercard, Discover, and American Express. Please feel free to discuss any financial concerns PRIOR to being seen for the procedure.

Please provide us with a copy of your Dental Benefit card so that we may file claims on your behalf. If you do not have a card, please provide all the information below for your Dental Benefit Carrier as well as the policyholders information. If we are not provided with correct information for your Carrier, you will be responsible for the charges incurred at the time of service.

Policyholders name________________________ DOB___________
SS# or ID#_____________ Group#______________
Employer______________________________
Dental Benefit Carrier Name:________________________ Phone#_________________

Signature:___________________________________ Date:___________________