



Gardens Dental Spa
Cosmetic, General and Implant Dentistry
11380 Prosperity Farms Rd Ste 108
Palm Beach Gardens, FL 33410
(561) 799-7791

Heather Kaufman, D.D.S. *William Strauss, D.D.S.*

POLICY FOR FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE

We are committed to providing you with the best possible care. If you have dental insurance, we will help you receive your maximum allowable benefits. In order to do this, we need your assistance, and your understanding of your financial policy.

Payment for services is due at the same time services are provided unless other payment arrangements have been approved in advance. We accept cash, checks, Master Card and Visa Credit Cards. We will be happy to help you process your insurance claim form at each visit. In special instances we may accept assignment of insurance benefits.

Returned checks will be charged at the rate as provided by state law. Balances older than 60 days will be subjected to interest charges. **Charges may also be made for broken appointments and appointments canceled without 48 hours advance notice. Repeated broken appointments will result in a prepayment before your dental appointment is made.**

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize however that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies. And therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) or most companies define "U.C.R" Usual Customary and Reasonable.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services.

We must emphasize that as a dental care provider, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, All charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have questions about the above information or are uncertain regarding insurance information, please don't hesitate to ask us. We are here to help.

I understand and agree that (regardless of my insurance) I am ultimately responsible for the balance on my account for any professional services rendered. I also agree to be responsible for any reasonable collection costs or attorney fees incurred in collecting a delinquent account. I have read and understand all the information on this sheet.

Name: (Please Print) _____ Date: _____