

**Financial Statement
For the Office of
William J. Hagerty, DDS.**

We are committed to providing you with the best possible care. In order to achieve this goal, we need your assistance and understanding of our payment policy.

Payment is due and **MUST** be paid at the time services are rendered. This includes any co-payment or deductible that is not covered by your insurance. We will gladly discuss your proposed treatment and answer any questions relating to your insurance or your payment due as services are rendered. Please be advised that:

1. Your insurance is a contract between you, your employer and your insurance company. We are **NOT** a party to your benefit contract. Once we have received a response from your insurance company as a payment or denial, we consider the claims to be closed. Any additional balance that may be owed because of insurance underpayment must be paid within 30 days.
2. Our fees are generally considered to fall within the acceptable range by most insurance companies, and are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage of "UCR" Usual Customary & Reasonable fees.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Please be advised, we treat patients based on a medical/dental need **NOT** by insurance coverage. It is solely up to the patient to pay for any services not covered by insurance. Please check with your benefit representative if you are uncertain about your policy or coverage.

We must emphasize that as dental care providers, 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 the patient's responsibility from the date the services are rendered. The parent or legal custodian that brings a minor child in for dental treatment is the person that we will hold legally responsible for the balance due.

Balances over 60 days past due are reported to the credit bureau and are charged 1.5% interest per month. A \$25 fee may be charged for late cancellation or broken appointments. A \$30 returned check fee may be charged for all returned checks.

If you have any questions or concerns about any of the above policies or any uncertainty regarding insurance coverage, **PLEASE** don't hesitate to ask us. We are here to help you and wish your visit to be a pleasant one.

William J Hagerty, DDS.

Signature of Patient or Legal Guardian