

T. Jill Parker, DDS

2313 Starmount Circle SW Huntsville, AL 35801

Guarantee of Payment for Dental Services

We are committed to providing you with the best possible care. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy.

Payments for services are due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, checks, Visa, MasterCard, and American Express. We will be happy to file all primary insurance for you as a courtesy. Changes in insurance information should be communicated to our office as soon as possible.

However, you must realize:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
2. Not all services are covered by insurance contracts.
3. We may need to release medical information concerning you to your insurance carrier as part of processing your claim. By signing this form, you consent to the release of such information, including dental records to be released to insurance companies.

We must emphasize that as your dental care provider, our relationship is with you and not your insurance company. Our treatment decisions strictly are based on your personal dental needs. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. All co-pays are due at the time of service. There is a \$30.00 charge for returned checks.

Accounts over 90 days will be turned over to an agency for collection, unless payment arrangements have been made with this office. Your future status with this office will be considered at such time.

By signing this form you agree that you will be responsible for reasonable costs, including attorney's fees and interest we incur if your account becomes past due and is turned over for collection.

We value you as our patient and will continue to provide you with the best professional care.

If you have any questions about the above information, or any uncertainty regarding insurance coverage, please do not hesitate to ask. We are here to help.

I understand and accept the above terms and provisions.

Patient Signature _____ Date _____