

DENTAL ASSOCIATES OF HERSHEY

DAVID L. MORGAN, D.D.S.
JOHN V. GUSTAFSON, D.M.D.
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Practice Financial Policy

We are glad that you have chosen Dental Associates of Hershey as your dental office. Our goal is to fulfill your dental needs at the highest level in a comfortable environment.

The following is our office financial policy:

1. All payments and or insurance co pays are due the day of service.
2. We will submit your insurance claim for you, as a courtesy. In doing so, please understand **we are merely a third party and any dispute over the insurance payment is between you and your insurance carrier.**
3. With regards to any major work (which requires advanced pre determination of services from your insurance carrier) if the original insurance **estimate** differs from the **actual payment**, that is an issue between you and your insurance carrier. We will not be held responsible for any insurance payment discrepancy.
4. If exceeding your yearly maximum is a financial issue then you must check your remaining balance with the insurance carrier prior to starting treatment. Once we have started treatment you are responsible for payment of all services rendered including those exceeding your insurance maximum.
5. Financial arrangements for larger more complex treatment plans must be approved, in advance of treatment, by the office manager.

Thank you for your prompt consideration.

RESPONSIBLE PARTY SIGNATURE