

Graham B. Burcham DDS
Financial Agreement

We are committed to providing you with the best care possible. If you have dental insurance, we are eager to help you receive your maximum benefits. In order to achieve this, we need your assistance and would like you to understand our policy concerning insurance matters.

As a courtesy to you, we will file your insurance. Please understand that in the event your insurance does not pay within 30 days for any reason, you are responsible for the entire balance. Most dental insurance plans will leave an amount for which you will be responsible depending on the type of procedure you are having. Our payment policy is as follows:

- ◆ If you do not have dental insurance, payment is due for all procedure types **as services are rendered** unless prior financial arrangements have been made.
- ◆ On visits for routine exams, cleanings, and x-rays we will file your insurance and send you a bill for the remaining balance after 30 days.
- ◆ All other visits will require payment of your estimated portion **on the day services are rendered** unless prior financial arrangements have been made. If you have any questions regarding your estimated portion, please contact us **prior** to your appointment date.
- ◆ If procedures qualify to be filed on your medical insurance, we will be happy to do this for you. Payment must be made as services are rendered. We will have your medical insurance carrier reimburse you directly.

We are able to accept payment in the form of cash, check (with proper identification), Visa or MasterCard. Returned Checks will be subject to additional fees. We also have an interest free financing option available for larger treatment plans.

Please be aware of the following:

1. Your insurance is a contract between you, your employer and your insurance company.
2. Your insurance carrier may use language such as "Reasonable or Usual and Customary" when referring to payment tables. Please be advised that our fees are based on actual costs associated with providing the highest level of quality, service, and personalized care that we are able to offer. Our fees are comparable to other dentists in the area that follow these standards. Please ask our administrative staff if you have additional questions regarding this matter.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services that will not be covered.

WE ENCOURAGE YOU TO READ YOUR INSURANCE POLICY. IF YOU DO NOT UNDERSTAND YOUR POLICY, PLEASE SPEAK WITH YOUR INSURANCE AGENT OR YOUR EMPLOYER.

The filing of your insurance is done as a courtesy, but ultimately you are responsible for all fees that result from services rendered. We realize that problems can arise that may affect timely payment of your account. If this is the case, please speak with our administrative staff promptly to prevent finance charges or collection actions.

Please ask if you have any questions. We are here to help you.

*Signature: _____

Date: _____

**Signature denotes that I have read this document and agree to its content.*