

Payment for Services Agreement

We at Drs. Schwartzman, Healy and Offit are committed to providing all of our patients with exceptional care. As a result, our fees are based on a combination of our costs, our time and our constant dedication to providing our patients with the highest quality dental care. This Payment for Services Agreement explains your responsibilities for payment for the services we provide to you or to someone for whom you are financially responsible.

Direct Payment for Patients Without Insurance: We may accept patients who pay for their services directly and either do not have a dental insurance provider or otherwise pay for their services directly to us. In addition to payment by check, for the convenience of these patients, we also accept most major credit cards. Payment is required at the time of treatment.

Patients with Insurance:

When providing you services, we work with many insurance companies and always try to maximize your coverage by meticulously detailing our procedures in our interactions with insurers. However, you should understand that insurance does not necessarily pay for all dental care. The treatments and services we provide to our patients are never based on what your insurance company will pay. We provide services that we believe are necessary for your dental and related medical care and needs. As a result, it is very possible that your insurance company will have some form of limit and that insurance will not fully pay the costs of the services we provide.

Because insurance is a contract between the insurance company and the patient, not between our office and the insurance provider, you agree that you, our patient, bear the ultimate financial responsibility for payment for the services we provide. For amounts not covered by insurance, you are required to pay your portion of the bill at the time of treatment. You should understand that we can only estimate the amount not covered by insurance. The actual amount which you owe might be more than our estimate. We will send you a final invoice for the cost of services not covered by insurance in those cases. If the amount is lower, we will issue you a refund.

If needed, we will work with you to provide a method of payment that works for both of us with regard to those payments not covered by insurance for which you remain financially responsible. For your convenience, in addition to personal checks, we accept most major credit cards.

Payment for Others: We recognize that some patients may be covered by the insurance of another person or may rely on direct payment for their services from another person. (Many insurance policies, for example, permit family coverage for children to continue for some time past the age of adulthood.) In these cases, we request the person who will be responsible for payment to accept the responsibility for any adult patient to whom we provide dental care in the same manner that we require the parent or guardian of a patient under the age of 18 to do so.

Please sign below to acknowledge and agree to this **Payment for Services Agreement**.

Patient Acknowledgement

Patient Signature (Patient's Parent/Guardian if under 18)

Print Name

Date

Guarantor Acknowledgment (If Applicable)

The undersigned Guarantor acknowledges that s/he guarantees the payment for services provided to the above named patient (which payment may be paid in whole or in part by insurance for the benefit of the Patient). The Guarantor has the right to terminate his/her guarantee by giving written notice to Drs. Schwartzman, Healy and Offit and shall not be responsible for payment for services incurred by the Patient after providing such notice of termination. The Guarantor remains responsible for payment for services provided to the Patient prior to notice of termination.

Guarantor's Signature

Print Name

Date