



Steven R. Green, D.D.S.
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OUR FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment.

All patients must complete our information and Insurance form before seeing the doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE.

WE ACCEPT CASH, CHECKS, VISA/MASTERCARD OR DISCOVER

WE OFFER AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL.

Regarding Insurance

We will accept assignment of insurance benefits. However, we do require 20% - 50% of the bill to be paid at time of service; percentage depending on your insurance plan and the procedure performed. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information and an original claim form filled out and signed. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your account in full within 90 days, the balance will be your responsibility at that time. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable by your insurance policy.

Regarding Insurance Plans where we are a participating provider; all co-pays and deductibles are due at time of treatment. In the event that the maximum benefits are exceeded the difference will become your responsibility.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa/Mastercard or payment by cash or check at time of service has been verified.

Missed Appointments

Unless canceled, at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy.

X _____
 Signature of Patient or Responsible Party

Date _____

X _____
 Signature of Co-Responsible Party

Date _____