

Royal Family Dentistry

3610 N. Briarwood Ln
Muncie, IN 47304
765-289-1578

Financial Responsibilities Statement

We realize that the financial aspects of healthcare are often confusing and can sometimes be intimidating. We will do our best to help make this as understandable as possible. As long as we are provided with accurate and current insurance information, we will file the charges with your primary and/or secondary insurance companies. While we are pleased to be able to provide this service for you, it is extremely difficult for us to keep track of all the individual requirements of plans. Each one has different stipulations regarding how often services may be rendered, and even more importantly, who may provide those services. It is therefore very important for you to bring proof of coverage (ID cards or insurance forms) to your appointment. If we can assist you in any way, please feel free to contact us.

If you have insurance coverage, please contact your insurance company regarding the following:

- Verify whether or not we are a participating provider for your insurance plan.
- Does your insurance company require a referral from another dentist or physician or prior authorization in order to meet the requirements for benefits to be paid? If so, please bring a copy of the referral with you to your appointment.
- Is there a co-pay or deductible with your insurance coverage? Be prepared to pay that amount the day of your appointment.
- As a courtesy, we will submit the initial claim to your insurance company.
- If payment from your insurance company does not cover all charges, because of unpaid deductibles, coinsurance, or non-covered services, you will be responsible for any amount remaining on your account.

If you do not have insurance coverage:

- Please call our office to obtain an estimate of charges for the services provided for your appointment.
- We accept cash, check and all major credit cards for payment.

Delinquency and Default Charges

We reserve the right to charge a FINANCE or DEFAULT CHARGE at the rate of 1.5% per month which is an ANNUAL PERCENTAGE RATE OF 18%. This FINANCE or DEFAULT CHARGE will be applied for all accounts that are overdue or otherwise in default under the payment schedule. Reasonable attorney's fees, and other costs and charges necessary for the collection of any amount not paid when due, may also be charged. We may, at our option, without notice, declare the entire principal balance and accrued interest due and payable upon default or one or more payments. We strongly suggest that if there is a financial problem, you contact our office promptly so that arrangements for payment may be discussed.

I have read and understand the financial statement above, and agree to accept financial responsibility as described.

Patient Name

Date

Responsible Party Signature

Date