



JOHN H. HAMEL D.D.S.

FINANCIAL ARRANGEMENT GUIDELINES

Dental treatment is an excellent investment in an individual's medical and psychological well being. Financial considerations should not be an obstacle to obtaining this important health service. Being sensitive to the fact that people have different needs in fulfilling their financial obligations, we are providing the following payment information:

Payment in Full

We accept cash, personal checks, check cards, Visa, MasterCard, Discover, and American Express on the day that services are rendered.

Extended Payment Plans

We offer two options for extended payments. (Care Credit and Capital One) Please inquire at our front desk for more information.

Insurance Filing Reimbursement

We will be happy to submit your insurance claims to your insurance company as a courtesy to you, our valued patient. We do request that hygiene appointments and exams be paid in full at the time of service and the insurance company will remit payment directly to you our valued patient.

When major dental and/or restorative treatment is required we will make our best estimate as to the amount of your insurance benefit and deduct that amount from the total cost of treatment. The patient's remaining estimated balance will be due at the time of service. We will submit the claim to your insurance company and once we receive payment from them we will promptly credit that amount to your account. If your insurance company has not paid your claim in a timely manner (45 days), it will be necessary to bill you for the amount due in its entirety and it must be received in our office within 30 days from the statement date, unless alternative financial arrangements have been made.

Please remember our professional services are rendered to you our patient, not your insurance company. Therefore, you the contracted party, not your insurance company, is solely responsible for payment of all treatment fees at the time of service. Please be aware if your account becomes overdue and/or delinquent you may also be required to pay any attorney's fees and/or collection fees.

I have been given and understand the above financial guidelines.

Signed _____ Date _____