

G. Robert Marye, D.D.S., P.A.
Smiles of Texas · A Family Practice

FINANCIAL POLICY

We believe that in the interest of good healthcare practices, it is best to establish a patient account policy between our patients and ourselves up front in order to avoid any misunderstandings. Our account representative will be glad to discuss your account with you at any time. Our primary responsibility is to deliver quality dental care services. We ask that you provide us with complete and accurate dental insurance information so we may file to your insurance company.

- **Payment on Account:** Is required at the time of your visit. You are responsible for your **estimated co-pay** set by your insurance plan at the time of service. **We accept cash, check, and all major credit cards.** We also offer payment plans through Care Credit which can be set up with our financial coordinator.

- **Insurance Claims:** As a courtesy to our patients, we will gladly file dental claims for your treatment once your coverage and benefits have been verified. When we file for benefits on services performed, they are assigned to us. ***Dr. Marye is an out of network provider.*** Your **estimated** co –pay and deductibles will be collected as treatment progresses. These numbers are only **estimates** as your insurance company is unable to provide exact information to us because your insurance policy is a contract between you and your insurance company. The responsibility to understand the plan and its benefits belong to you. Our office does **not guarantee any payment amounts or any benefits of your plan.** We accept assignment of insurance benefits; however the balance is your financial responsibility regardless of what insurance doesn't cover. After 45 days, the balance will be due in full from you. If your policy is based off a fee schedule, you will need to provide our office with a copy of the schedule.

- **Self-Pay:** If you have no insurance, or if you have Delta Dental Insurance that mails the check to the subscriber, you are required to pay in full when services are rendered.

- **Returned Checks:** A service charge of \$25.00 will be applied to all returned checks. We require any returned checks and fees to be cleared, prior to being seen.

- **Prior balances on account:** All balances that are the responsibility of the patient will be collected prior to or at the time of appointment.

- **Divorced Parents:** It is the policy of this office that the parent accompanying the child will be held responsible for all charges incurred regardless of the insurance or financial situation. Our office will not bill or discuss treatment with the other parent unless authorization is on file.

- Yes, please file a claim to my insurance provider on my behalf.**

- No, I DO NOT want you to file a claim. I will pay in full and file my own claim.**

WE ACCEPT CASH, CHECK, VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS

I have read and understand the financial policy for G. Robert Marye, D.D.S., P.A. – Smiles of Texas · A Family Practice.

Patient's Signature: _____ Date: _____

If patient is a minor, then parent or legal guardian please signs below:

Signature of parent/legal guardian: _____