

**Michael A. McCoy, D.D.S.
2200 South Morgan St.
Granbury, TX 76048**

FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE

(Please read carefully)

WE ARE NOT CONTRACTED PROVIDERS FOR ANY INSURANCE COMPANY.

We are committed to providing you with the best possible care. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our office policy.

Payment for ALL services is due at the time of service unless payment arrangements have been made in advance. Our office does not have a long-term payment plan. We accept cash, checks, Mastercard, Visa, and Discover. In special instances we may accept insurance assignment of benefits but we require a completed insurance form be presented at the first office visit. If the insurance claim has not been paid within 45 days it will then become your responsibility to pay the account in full.

Returned checks and balances older than 30 days may be subject to additional collection fees and interest charges of 12% per annum. Charges may also be made for broken or cancelled appointments without a 24 hour notice. A \$25.00 an hour fee will be charged to your account for missed appointments. **PARENTS: Co-pays for any services for dependents are due on date of service. Treatment plans are provided prior to appointments with estimated co-pays. If needed, a prior arrangement with a parent needs to be taken care of before the child's appointment. Copays need to be paid in full at or before the child's appointment.**

We will gladly discuss your proposed treatment and answer any questions relating to our policy. You must realize however that:

1. **Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.**
2. **Not all services are a covered benefit in all contracts; every plan differs. Some insurance companies arbitrarily select certain services they will not cover. The responsibility of knowing the coverage of your policy is yours and not ours.**

We must emphasize that as dental care providers, our relationship is with you, NOT your insurance company. While filing of insurance is a COURTESY that we extend to our patients, all charges are your responsibility from the date the services are rendered. We also realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact the office immediately for assistance. **Non-payment of your bill will force us to turn your account over to a collection agency.**

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE don't hesitate to ask us. We are here to help you.

Signature _____ Date: _____