

Financial Policy:

At **Berkers Family Dental**, we believe that you deserve the finest dental care and customer service.

Here are some important things you should know:

Your dental benefits are based upon a contract made between your employer and your insurance company. We will bill insurance as a service to our patients. Often times changes are made and we are not made aware of the changes.

Current insurance information should be provided at every appointment

We will do our very best to provide a benefit **ESTIMATE** based upon the most recent data available from your carrier. You are responsible for any balances or services rendered which are not covered by your dental plan

Your payment or co-payment amount will be expected at time of service. You are responsible for any and all co-payments and deductibles dictated by your dental plan. We will not become involved in any disputes between you and your dental plan.

For the convenience of our patients, we do accept MasterCard, Visa, and Care Credit Financing.

A 5% courtesy discount will be extended when the balance is *paid in full at time of service* by cash or check.

A 5% discount will be extended to senior citizens of the age of 62 and older to total a maximum 10% discount.

For multiple cancelations or no shows, patients will be subject to a \$50.00 charge at the discretion of the practice.

I agree with and understand the above terms and conditions.

Print Name: _____ Date: _____

Patient/Parent Signature: _____