

**PAUL M. DOBSON, DMD**

**Patient:** \_\_\_\_\_

**OUR FINANCIAL POLICY**

**We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policies.**

1. Payment is due at the time of service unless arrangements have been made in advance by your carrier or with our Business Manager. We accept cash, checks and credit cards (Visa, MasterCard and Discover.)
2. We participate with Delta Dental (Premier) and MetLife (PDP) insurance companies. Keep in mind that your insurance policy is basically a contract between you and your insurance company. As a service to you, we will file your insurance claim. If your insurance company does not pay the practice within a reasonable period, we will have to look to you for payment. If we later receive a check from your insurer, we will refund any overpayment to you.
3. In the event your insurance plan determines a service to be "not covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
4. Missed appointments which have not been cancelled 24 hours prior to time of the appointment will be charged a fee of \$25.00.
5. Any account over 90 days will be considered delinquent. All delinquent accounts will be placed with the Collection Agency, unless prior arrangements are in place.

**I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the Practice from time to time.**

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**Signature of patient (or responsible party, if minor)**

**Date**