

FINANCIAL DISCLOSURE STATEMENT

Austin Dental Associates is providing this statement of our financial policies for your convenience. We desire that you, our patient, be aware of our policies and their enforcement.

We may charge for missed appointments if no notice is given. In the case of extenuating circumstances, a call to the office may avoid this charge, at the Doctor's discretion.

We assume that you know and understand your personal health insurance benefits, as well as your eligibility for services when scheduling your appointment. The office will be happy to assist you with eligibility questions, if necessary. We expect payment to be made toward deductible and co-pays at the time of service.

We will file your insurance claim as a courtesy to you. We request that the Assignment of Benefits and the release of Medical Records forms are completed. However, you the insured are responsible for payment of services received regardless of how your insurance company processes the claim.

All balances beyond sixty days old will be subject to a one percent, as high as one and a half percent per month service charge.

Collection costs, including but not limited to, collection service filing and attorney's fees will be added to account balance exceeding 90 days old.

I have read and understand the FINANCIAL DISCLOSURE STATEMENT.

SIGNED: _____ **DATE:** _____