

Patient Financial Understanding

We are constantly striving to keep the cost of your dental care fair without sacrificing the highest standards of care. Therefore it is our policy to make financial arrangements before treatment is started.

Please select your method of payment for today: **We do not have an open billing policy.** For your convenience we accept:

**Check • Cash • MasterCard • Visa • American Express
Discover Card • Care Credit**

Regarding Dental Insurance

In order to prevent misunderstandings about dental insurance please understand that this is an agreement between you, your employer and your insurance company. Payment in full is due on your **initial consultation**. We will file your insurance on your behalf and ask that you be directly reimbursed by your insurance company.

CONSENT:

I understand that responsibility of dental services provided in this office is mine, due and payable at the time services are rendered. In the event that full payment for charges incurred in my dental care is not made, I agree to pay all of the collection, including a 33-1/3% Collection Agency Commission, reasonable attorney's fees and interest after 45 days at the rate of eighteen percent (18%) per annum, with or without suit.

*If you have any questions regarding Care Credit, a way to finance your dental needs, please ask for our assistance. We have the information you need to get your dental treatment handled.

I hereby certify that I have read and understand these office policies.

Patient Signature: X _____ Date _____

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