

HEB Dental Excellence

MICHAEL WEHRLE, D.D.S., P.A.
AND ASSOCIATES

1345 Precinct Line Road ♦ Hurst, TX 76053-3864

FINANCIAL AGREEMENT

Payment in full for all charges is required at time of visit, unless prior arrangements have been made.

INSURANCE FILING

The patient is ultimately responsible for payment in full of their account, not the insurance company. We do, however, file dental insurance claims as a courtesy to our patients. We can only make estimates regarding your Insurance benefits based on the information provided by you and the insurance company. In the event your insurance company does not pay as much as expected, the remaining balance is due and payable immediately by you, the patient.

ASSIGNMENT OF INSURANCE BENEFITS

I/we hereby assign directly to Family Dentistry, dental insurance benefits otherwise payable to me/us. I/we hereby authorize the release of any information relating to any claims. I/we understand I/we are financially responsible for charges not paid by this assignment.

Responsible Party Signature

DELINQUENT ACCOUNTS

All delinquent accounts (30 days or older) are subject to a 3% service charge and/or legal interest rates.

COLLECTION PROCEEDINGS

In the event your account is turned over to a collection agency for non-payment or other delinquency, you will be responsible for payment of any collection costs, in addition to the balance owed. Any account turned over to a collection agency forfeits any past special fees and/or discounts. Such special fees and/or discounts will be reversed and you will be responsible for payment of regular fee for procedures at the time of service.

FAILED APPOINTMENTS

Failed appointments (less than 48 hours notice) are a significant contributor to rising health care costs. Individuals who fail to show for a confirmed appointment will be assessed a fee of \$25.00 an hour.

I have completely read and understand the contents of this agreement. I agree to comply with all policies.

Responsible Party Signature

Witness/Title