Justin G. Patay, D.M.D., FAGD
Roland L. Postlewait, D.D.S.

INSURANCE AND FINANCIAL INFORMATION

I understand that as the patient, I am *fully* responsible for payment on my account with Dr's Patay and Postlewait, *regardless* of any insurance coverage.

I understand it is my *FULL* responsibility to know what my insurance Does or Does NOT cover including but not limited to any limitations or frequency's that maybe found in my insurance booklet, it **is also my responsibility to inform the office of any billing or insurance changes to avoid my claim being denied because of timely filing and the treatment becomes my full responsibility.** All professional services rendered are charged to the patient and estimated **patient portions will be collected at the time services are rendered**. If I have any questions, I will contact my insurance company or my employer.

As a courtesy, we will bill your insurance company for services rendered and all insurance forms will be completed along with x-rays and narratives that are necessary to help expedite insurance carrier payments.

Our Billing Process is as follows:

*Services will be sent to your insurance company within 3 business days.
*Any unpaid claim at 30 days, your insurance company will be notified and the patient will receive a statement of account.
*Any outstanding claim will be re-submitted as a 1-time courtesy.
*Any outstanding claim that is unpaid after 90 days becomes the patients responsible. Our office will make every effort to appeal your claim for payment and let you know the outcome of their decision. If you wish to have us resubmit the claim again to another insurance company or a second appeal there will be a $25.00 charge.

Request to Pay Text (Optional)

____ By initialing this box, I give my consent to receive a **request to pay text** from the following dental office number (833)965-1039. I understand that I am responsible for letting the dental practice know if I no longer wish to receive request to pay texts.

X_____ X_____

(Signature of Patient/Guardian) (Date)