



SHAPIRO AND BAKER PERIODONTICS & DENTAL IMPLANTS

FINANCIAL AGREEMENT

Welcome to the practice of Drs. Shapiro, Baker, and Associates. Thank you for choosing us for your periodontal treatment. Our mission is to provide you with exceptional service while at the same time doing our best to accommodate your financial needs. Please review our practice policies on the matter and do not hesitate to speak with our staff regarding any questions, concerns, or suggestions.

- Each patient in our office is provided with a proposal which includes anticipated charges for each procedure **prior** to initiating treatment. As a courtesy to our patients we offer several different payment options. Each option will be individualized based on your treatment needs and will be discussed with you during the consultation appointment.

- To expedite the treatment process, our staff will contact your insurance company (if applicable) for an estimate of your benefits. We will make every effort to make sure that this is as accurate as possible, but please understand that the information you will receive is **ONLY AN ESTIMATE**, and at times does change. **WE STRONGLY SUGGEST THAT YOU CONTACT YOUR INSURANCE CARRIER TO CONFIRM YOUR AVAILABLE BENEFITS.** You are responsible for any portion of the treatment cost that is not covered by your insurance.

- PLEASE BE AWARE THAT DENTAL INSURANCE COVERAGE BENEFITS ARE DETERMINED BY THE PARTICULAR PLAN OR POLICY AND NOT NECESSARILY BY WHETHER THE TREATMENT IS NEEDED OR RECOMMENDED BY OUR DOCTORS. IF INSURANCE BENEFITS ARE DENIED FOR ANY REASON, THE PATIENT IS RESPONSIBLE FOR THE PAYMENT.

- We ask that you pay your estimated co-payment **on the day during which the treatment is rendered**, while the rest will be filed with your insurance carrier.

- We require **implant related procedures to be paid in full on the day of your appointment**. Any benefits from the insurance carrier will be sent directly to you after the claim is processed.

I certify that I have fully read and understand this document. I have had the opportunity to ask any questions regarding the policies described.

Print Name

Signature

Date