



## FINANCIAL POLICY

Dental treatment is an excellent investment in an individual's physical and psychological well being. Our office is committed to providing you with the best health care possible. In order to achieve this goal, we need your assistance and understanding of our financial policy.

As a health care provider, we must emphasize that our relationship is with you, not with your dental or medical insurance company. You are ultimately responsible for your account. If you have dental or medical insurance, we will do our best to help you receive your maximum allowable insurance benefits – but we have no control over those benefits.

Additionally, financial considerations should not be an obstacle to obtaining important health care treatment. We recognize that not all of our patients have health or dental insurance. We are sensitive to your varying needs and financial obligations.

In order to better serve you, we have prepared several payment options to provide you with the flexibility that you deserve:

- SELF PAY** – You are responsible for your fees at the time of service. For your convenience, we accept cash, personal checks, Visa® and MasterCard®.
- DENTAL INSURANCE** – You and your insurance company share responsibility for your fees and your portion is due at the time of service.

We will submit your claim and receive payment from your insurance company for services provided. We will contact your insurance carrier on your behalf so that we may provide you with an **estimate** of the portion of your fees due at the time of service. You must realize, however, that all charges are ultimately your responsibility. Most dental insurance plans do not cover all services in full. We cannot be held responsible if in fact there is no insurance coverage for the procedure(s), or if your insurance company refuses payment at a later date. Furthermore, some portion or all of your benefits may be used for the plan year.

**UNICORN FINANCIAL** – You are responsible for your fees at the time of service and you finance those fees with Unicorn Financial with no initial payment. Unicorn Financial pays Marlborough Endodontics for services rendered and you pay Unicorn Financial monthly payments.

**PLEASE NOTE:** In addition to all outstanding balances the patient acknowledges and agrees to pay all reasonable collection fees and legal fees.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_