Thank you for choosing the O’Leary Dental Office as your dental health care provider.

We are committed to providing you with exceptional cosmetic and restorative dental care to help you look and feel your best. With this commitment, we want you as our patient to understand that payments are considered part of our superior dental services.

The following is a statement of our Financial & Payment policy. We ask that you review and sign this document annually at the O’Leary Dental Office.

**PAYMENTS :** Our office accepts cash, personal checks, all forms of major credit cards and Care Credit.

We will provide you with a treatment plan for any cosmetic and restorative cases. This plan will provide you with a snap shot of what the estimated insurance payments will be, and your estimated out of pocket expense. Please keep in mind, this treatment plan is not a guarantee that the Insurance benefit will pay exactly what is estimated.

If you want to know exactly what you will owe, we will be happy to do a Pre-Authorization for these cases.

Insurance companies can take up to (2) months to review the case and approve the Pre-Authorization.

Once we receive the Pre-Authorization, we will contact you to let you know what your out-of-pocket expense will be and to schedule your appointment.

**INSURANCE FILING:** We ask that you please bring your insurance card at the beginning of each year and any time your insurance changes. As a courtesy to our patients, we will file up to two dental insurance policies for services rendered at the O’Leary Dental Office.

We will check the box on your insurance claim form which indicates that we requested and authorized payment be made directly to the **O’Leary Dental Office** for any service rendered. There are some Out-of-Network Insurance Companies that require patients to pay the dental Provider and the insurance payment will be made directly to the patient. In those cases, payment in full must be made the day we provide services to you.

It is your responsibility to pay any deductible and/or balances that are remaining after your insurance company has issued payment and/or denial of payment.

**RETURNED CHECKS :** If you pay by check and for some reason we receive a returned check notice, you will be subject to an additional Returned Check fee.

**MINORS WITH SEPARATED OR DIVORCED PARENTS :**

When two parents are each responsible for one half of the cost of the child’s dental care, the Parent or Guardian who brings the child is responsible for the co-insurance and / or the full fee. They will also be responsible for collecting payment from the other parent.

**ACCOUNT BALANCES / MONTHLY STATEMENTS :**

We will require patients without insurance to pay for the services on the day they are seen by Dr. O’Leary and/or the Hygienist.

Patients with Insurance benefits will owe any deductible and the estimated insurance benefit percentage at the end of the appointment.

Once your Insurance Company has paid your claim, the Manager will send out a statement for any remaining amount that is due. Payments can be made via phone, mail or drop the payment off at our office during business hours.

If who have questions about your statement, please ask to speak to the Office Manager, who will be happy to review your account and questions.

Patients with balances must make full payment on their account before future appointments will be made and/or started with Dr. O’Leary or our Hygienist.

**By signing below, I agree that I have read this Payment & Financial agreement between myself (the patient) and O’Leary Dental Office and understand the financial agreement. I authorize my insurance company to pay my dental benefits directly to the O’Leary Dental Office.**

**Patient Signature or Legal Representative: X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**O’Leary Dental Office Witness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_