

DR. SAMUEL M. TALMER, D.D.S., P.C.
400 W. Clarkston Rd.
Lake Orion, MI 48362

Patient Responsibility

Due to the many changes in insurance policies, it is no longer an easy task to interpret each individual policy. Although we try to stay abreast of these changes, it is not always possible.

We urge you, as the patient, to please check with your insurance company to determine whether the treatment you seek is a covered benefit or not. It is your responsibility to find out from your insurance company what benefits are covered on your particular policy. Failing to comply with this suggestion could result in you, the patient, being responsible for all costs incurred.

Please remember your insurance policy is between you and your insurance company and not with the insurance company and your dentist.

1. Payment in full is required at the time of service for all office visits, except those that are covered by insurance companies that we have signed a participation agreement with.
2. Special payment arrangements are considered on an individual basis. Please contact the office manager in these instances.
3. All unpaid claims will be turned over to our collection agency and then reported on credit reports. In this event, there will be a charge for collection agency fees.
4. A 24-hour notice is required to cancel an appointment without a charge to the patient. Failure to do so will result in a charge to the patient's account at a rate of \$30 per visit and/or \$50 for an after 4 p.m. appointment.

I have read and understand the financial policy of this office.

Signature _____

Date _____

Witness _____

Date _____