

Dr. Luis E. Martinez, D.M.D., P.A.

Financial Expectations and Responsibility Agreement

Thank you for choosing our office as your dental care provider. We are committed to providing you the best technology available for diagnosing and treating your dental care needs in a safe and comfortable environment.

The following explanation is intended to promote a better understanding of our financial expectations and to develop a comfortable relationship between patient and doctor. Prior to starting any treatment with Dr. Martinez, you are required to read and sign this Financial Expectations and Responsibility Agreement.

After a complete comprehensive evaluation, Dr. Martinez will present an explanation of his findings. You will then be presented with a detailed treatment plan and be given an estimated fee for the proposed dental treatment. Dr. Martinez will gladly answer any questions you may have regarding your treatment. Our Financial Coordinator will discuss payment options to assist you in fulfilling your financial obligations.

Payment Options ~

- Cash
- Personal Checks
- Visa, MasterCard, Discover, American Express
- Outside Financing: We participate with a company that will finance your dental work with approved credit. This allows you to complete your dental work without delay and make relatively small monthly payments. Some of the plans, depending on the amount and length of time financed, provide a no-interest, same-as-cash benefit. Our Financial Coordinator will be happy to help you by answering any questions and provide you with appropriate application information. We only accept this outside financing for treatment exceeding \$3000.

Patients with Dental Insurance ~

Dr. Martinez is a "non-participating provider" – this means that he is not contracted with ANY insurance company. We do not accept assignment of benefits. It is your responsibility and obligation to verify your insurance coverage and assume responsibility for payment of all procedures you elect to have done. We cannot render services on assumption the charges will be paid by an insurance company. Dental insurance benefits are provided to you through an agreement between your insurance company and the subscriber's employer. It is a benefit to you from the insurance company, to reimburse you for portions of your payment at our office. Ultimately, you are responsible for full payment of all charges on your account. We expect payment on the day services are rendered. As a courtesy, and to expedite reimbursement, we will file your insurance claims for you. At your request, we will be glad to submit a pre-determination of dental benefits prior to major treatment.

Patients without Dental Insurance ~

Payment for all procedures is due at the time of service. Prior to starting major reconstructive and/or cosmetic treatment, our Financial Coordinator will discuss a payment schedule for these procedures.

Dental treatment is unique to each patient and a complete understanding of your treatment and scheduled appointments is very important. Our Financial Coordinator will discuss payment options to assist you in fulfilling your financial obligations.

I understand that I am responsible for payment at the time services are rendered. If I have dental insurance, I hereby authorize Dr. Martinez to release to my insurance company, information acquired in the course of my dental care. I hereby authorize benefits to be paid directly to the insured person, whether or not that is me.

Patient

Signature of Responsible Party

Date