

**OUR OFFICE FINANCIAL POLICY  
AND YOUR DENTAL/HEALTH INSURANCE**

If you are covered by insurance, we will be happy to process it for you. It is important that patients understand their policies clearly. An estimate will be given to you in writing, on the understanding that it is but a GUIDELINE form which to work until final payment is received from your insurance company and your exact share of the bill is known.

Your insurance company will not be billed until the treatment has been completed. Often, insurance payments are not received until four to six weeks after being submitted for payment. Therefore, we do ask that you pay your estimated share of your treatment as treatment is rendered.

Upon receipt of the insurance payment, we will reconcile the account, and bill or refund any differences. Occasionally, there are changes in treatment as it progresses, and should this occur, it would reflect a change in your anticipated estimate. If such changes in treatment do occur, you will be notified.

Patients should realize that professional services are rendered to a person, not an insurance company. Thus, the insurance company is responsible to the patient, and the patient is responsible to the doctor. We cannot render services on the assumption that the charges will be paid for by an insurance company. However, we will help in every way that we can in filing your claim.

**We do ask that your estimated share of the cost of treatment be paid at the time services are rendered.**

We are here to help...no question is too small for you to ask us about, whether it is regarding your treatment, insurance, or bill. We ask that you call any time that you have a question.

Thank you,

J. Alex Tomaich, DDS, MD

**I agree to be responsible for all charges for services and materials not paid by my insurance plan, unless treating provider has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted under applicable law, I authorize release of any information relating to this claim.**

**X**

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**I hereby authorize payment of the benefits otherwise payable to me directly to the named health care provider.**

**X**

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