

Dr. Steve Faulk DDS
2828 Parklawn Dr. Ste. #7
Midwest City, OK 73110
(405) 732-2660
www.okcsleepdentistry.com

FINANCIAL POLICY

We are committed to providing you with the very best possible dental care. If you have dental insurance we will be happy to file the claim for you. It is **NOT** the policy of this office that we are limited to the insurance benefits payable through your insurance. Our fees are determined by our costs and fee schedules. Should your insurance not pay for services or not pay the total **ESTIMATED** amount due, **YOU ARE RESPONSIBLE**. When you sign this policy, you are acknowledging that you understand this potential difference in insurance payment and are ultimately responsible for your bill. To help, we accept cash, check and most credit cards. Financing is also available through CareCredit if you qualify. Because payment is due when services are rendered, any billing if necessary will include an interest rate of 1.5% on all accounts the are 30 days or more past due. There is a return check charge of \$25. In the event your account becomes delinquent, **YOU WILL ASSUME ALL ADDITIONAL COLLECTION COSTS AND LEGAL FEES**. If the patient is a minor, we require that whichever guardian brings the minor to the office pay at the time of service. We do not take responsibility to determine who is responsible for the care of a minor.

INSURANCE INFORMATION

If Dr. Faulk is a PPO (Participating Provider Office) in your insurance network (please inquire with the receptionist if you have any questions), we will be filing your insurance claim for you. We do require that you pay your deductible and any patient portion at the time you are seen. At whatever time it is determined that your insurance does not pay for some portion of the charge, you will be notified and the remaining amount then becomes due and payable immediately. We require that you follow up with your insurance to be certain the claim is being processed in a timely manner. **NOT ALL SERVICES ARE COVERED IN INSURANCE AGREEMENTS**. Your insurance provider may provide different coverages for different employers and we are not responsible in determining exactly what your coverage is at time of service.

I understand and agree that, (regardless of my insurance status), I am ultimately responsible for the balance of my account for any services rendered by Dr. Faulk or his staff. I have read all the above information and have completed the patient information sheet to the best of my ability and it is true and accurate. It is my responsibility to notify the office personnel if any information is out of date or of any changes. It is further understood that this is to be considered a contract with Dr. Faulk to provide dental services that are mutually agreed on at the time of service.

Signed: _____ Date: _____

Please print your name: _____