

George M Royer, DMD

3737 Poplar Avenue

Pittsburgh, PA 15234

OFFICE FINANCIAL POLICY

We realize that every person’s financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care needed to enjoy a healthy and confident smile.

DENTAL INSURANCE

We are happy to file all insurance forms necessary to see that you receive the full benefits of your coverage. However, we cannot guarantee any estimated coverage. Your insurance policy is an agreement between you and the insurance company. We ask that you be aware of your insurance policy. Most times a deductible and co-payment is involved that must be paid by you. Please know that we will do everything possible to see that you receive the full benefits of your policy. If for some reason your insurance company has not paid their portion within 90 days from the start of treatment, you are responsible for payment at that time. We must emphasize that as dental care providers, our relationship is with you NOT your insurance company. We submit claims as a courtesy to you. It is ultimately your responsibility to know your individual plan. We will calculate co-payments prior to treatment and you are responsible to pay your co-payment before treatment is started.

Payment Options

For your convenience, we offer the following methods of payment. These can be used to cover procedures performed, deductibles and co-payments.

Credit/Debit Card Personal Check CARE CREDIT Cash

Returned checks are subject to a bank fee. Any balance that insurance has not paid will be invoiced no more than two times. If your balance is not paid, we will be forced to send your account to a collection agency with a 25% charge to defray collection costs.

Please feel free, at any time, to discuss any of the information with our office manager.

I have read all the information and agree to the terms set forth

Signature _____ Date _____