

FINANCIAL AGREEMENT

Mark D. Zeigler D. M.D.
1 Fairhill Drive
New Castle, PA 16105
724-658-2055

This agreement is to inform you of your financial obligation to our practice. This financial agreement is intended to facilitate our ability to provide excellent service to you while minimizing our administrative costs.

All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is an agreement between you, your employer, and the insurance company. Our practice is not a party to that agreement.

As a courtesy to you we will help you process your dental claims. You may direct your insurance company to pay your benefits directly to our practice by signing the authorization on the Assignment of Benefits Agreement.

It is your responsibility to understand your insurance policy. Your policy will have a general outline of co-pay amounts, deductibles, maximum yearly benefits, and a general category percentage payable amount towards each procedure. It is not our responsible to oversee your policy. Please be aware that each policy has a yearly maximum amount that you are allowed to spend. If you go over that yearly amount, we are not responsible for any additional charges that you may incur. You need to be aware of all financial responsibilities as the policy holder.

Additionally, our practice will charge you a missed/broken appointment fee for any appointment cancelled within 24 hours of your appointment without prior notification. Please refer to our Appointment Policy form for details.

As a cash patient or discount plan holder, full payment is expected the same day that treatment is provided. If full payment is not received the same day as treatment is rendered, we have the right to withhold any discounted amount that would have been given.

Our practice will charge accounts late fees and/or finance charges if balances are not paid by the due date stated on your statement.

We accept cash, personal checks, and credit cards as payments. If paying by credit card, a lesser discounted amount will be applied because of high merchant fees charged to us, the business.

If accounts are not paid in full within a given due date, our office may dismiss you from the practice. Once dismissed, we will provide you with a 30-day time period for any emergency only appointments that you may have. We will assist you in transferring your dental records to a new office.

Signature

Date