



**Joel E. Johnson, DMD, PA**  
**Office Financial Policy**

We are committed to providing you with the best possible care.

**YOU ARE REQUIRED TO PAY YOUR DEDUCTIBLE AND PATIENT PORTION AT THE TIME SERVICES ARE RENDERED.** We accept cash, checks, MasterCard, Visa, American Express and Discover. In some cases the insurance company makes a mistake and mails the payment to you. When this happens, we request that you immediately forward payment to Dr. Johnson. It is necessary that you call us to notify us that you will forward payment to us. Please ask the Front Desk Staff about payment options.

Your insurance is a contract between you, your employer, and the Insurance Company. We are not a party to that contract. It is your insurance; **You** are responsible to know the limits of your insurance. This can change as often as every 48 hours in today's economic environment. Please remember that dental insurance is a small benefit your employer offers you to offset dental care. It was never meant to pay for your full dentistry needs.

As a courtesy to our patients, we will file insurance and have checks sent to our office; however, you will be responsible for any costs not covered by your insurance.

Our fees are generally considered to fall within the acceptable range by most companies, and therefore, are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of "U.C.R." "U.C.R." is defined as usual, customary, and reasonable. Some companies will say our fees exceed UCR. Remember, it is the Insurance Company who determines UCR.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. You can and should discuss fees with your Insurance Company before treatment is begun. It is the policy of this office to assess a service charge of 1 ½% per month (18%) per year on any account with a balance 90 days past due. Please feel free at any time to talk about any financial concerns or any insurance questions with our competent office staff. We are here to help you.

I have read and understand the above:

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Patient Signature

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Date