

All American Smile Dental Studios

161 Madison Avenue
New York, NY 10016

624 Kings Highway
Brooklyn, NY 11223

Patient Financial Disclaimer

Welcome,

We are pleased to have you join our practice where you can expect the finest care with the utmost attention to your needs. We strive to provide the best care available to each patient and see each patient as an individual with varying needs and concerns.

Just as every patient is individual, so is each insurance policy. Even within each company, there are varying plans that will cover different procedures and medications. As such, in order to provide the best service we extend the courtesy of submitting your claim and accept assignment of your benefits where applicable. Yet there are times when we provide services to our patients that we do not receive payment from the insurance company due to your specific plan coverage. Although we will try our best to inform you before services are rendered and subsequently work with you to resolve such issues with your insurance company, the financial responsibility ultimately falls upon the patient. Therefore, we ask for payment at time of service for those procedures we believe we will not be reimbursed. There are also financial plans available that can be discussed after we finalize a treatment plan. We ask for your cooperation in these matters as timely payment decreases stress for everyone in terms of lower overhead, and therefore lower fees, as well as minimizing financial surprises.

Once again, welcome to our office and please do not hesitate to voice your concerns to any of our team members.

Signature of Patient or Patient's representative

Date

THIS FORM MUST BE READ BEFORE SIGNING.