

BRUCE G. DAVIS / MICHAEL L. KING, D.D.S.

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ABOUT FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE

We are committed to providing you with the best possible care. If you have dental or medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for services are due at the time of service, if you have no insurance. If you do have dental insurance that will pay our office directly, any co-pays are due at the time of service. We accept cash, checks, Master Card, Visa or Discover Card.

Returned checks will be subject to additional collection fees. Charges may also be made for broken appointments and appointments cancelled without 24 hours advance notice.

Please realize that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Example: Many insurance co. will not cover composite fillings on molars, instead they may change to an amalgam filling. Our office no longer does amalgam fillings, only white comp. fillings. The patient will be responsible for the difference in payment. Any questions, please call your insurance co. before work is scheduled.

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.

ASSIGNMENT OF INSURANCE BENEFITS/RELEASE OF MEDICAL INFORMATION: In the event that I do not pay at time of service, I hereby authorize and request my insurance co. to pay directly to Drs Davis & King DDS all claims for services rendered to me or my dependents. Should my insurance be one in which we do not participate, I shall be responsible for the balance due. I authorize Drs Davis & King DDS to release any medical or other information required in order to process insurance payments. I hereby assign to Drs Davis & King DDS all insurance benefits, to which I am entitled. This assignment will remain in effect until revoked by me in writing.

Signature _____ Date _____