Insurance & General Information

Dental Insurance Info

Dental Insurance Company:	Insurance Phone#:
Subscriber Name:	Subscriber SS# or ID#:
Subscriber Birth Date:	Group #:
Relationship To Patient:	Insurance Address:
Subscriber's Employer:	Insurance Payer ID#:

Payment: Payment is due at the time of treatment, unless prior arrangements have been made. We accept Cash, Check, Visa, MasterCard, & Discover. We offer CareCredit patient financing with interest free plans up to 12 months. All emergency dental services, or any dental service performed without prior financial arrangements, must be paid for in cash at the time services are performed. I understand that dental services furnished to me are charged directly to me and that I am personally responsible for payment of all dental services. I understand that fee estimates listed for dental treatment are subject to change and can only be extended for a period of six months from the date of the patient's examination.

Insurance: I understand that this office may submit insurance claims on my behalf as a courtesy. Treatment estimates are not guarantee of benefits. I understand that if insurance pays less than expected, I am fully responsible for my balance. I hereby assign all dental benefits to which I am entitled and I authorize my insurance carrier(s) to issue payment directly to Jim Fisher, D.M.D. I authorize Jim Fisher, D.M.D to release my records and any information necessary to process my dental claims.

Finance Charges: A service charge of 1 1/2% per month (18% per annum) (but in no event more than the maximum rate permissible under state law) may be charged on the unpaid principal balance on all accounts not paid within 60 days of treatment date.

Communications: I consent to the dental practice using my email, cell phone, home & work numbers to call, text and email me regarding appointments, treatment, insurance, and my billing account. I understand that I can withdraw my consent at any time.

Photo Consent: I authorize and consent that Jim Fisher, D.M.D. and any and all employees and/or agents has permission to use and/or publish x-rays, photographs or videos of me for art, promotional, and educational purposes (including but not limited to, advertising, publicity, social media, commercial or display of use).

Keeping Your Appointments: A charge equal to the treatment fee may also be applied if the appointment is not kept as scheduled. Appointments changed with less than 48 hours notice may also result in a broken appointment charge.

I have read the above conditions of treatment and agree to their content.

Signature _____ Date _____

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