

**Oakwood Dental, P.C.**  
2936 Hylan Boulevard  
Staten Island, New York 10306  
718-98-SMILE (987-6453)

**FINANCIAL RESPONSIBILITY STATEMENT**

Oakwood Dental is dedicated to helping you keep your smile healthy and beautiful for a lifetime. Our office will do everything possible to help you understand and make the most of your dental insurance benefits. As a courtesy, we will complete and submit dental insurance forms to your insurance company to achieve the maximum reimbursement to which you are entitled and will strive to make this happen as quickly as possible.

We can only estimate the amount your insurance company will pay toward each dental procedure and are not able to guarantee what your insurance company will pay. By signing this agreement, you are indicating that you understand and agree that you are solely responsible for all fees, including those not paid by your insurance company. We will file your insurance only under these terms.

In some cases, your insurance company may have a maximum allowable charge for a procedure. This maximum allowable charge, as determined by the insurance company, does not determine the fee you are charged for dental services and may be less than our quoted fee. By signing this agreement, you are indicating that you understand and agree that you are solely responsible for all fees, including those not paid by your insurance company.

In some cases, your insurance company may have a maximum yearly allowable. We will work with you to attempt to control your cost for the year to that amount, if requested. By signing this agreement, you are indicating that you understand and agree that you are solely responsible for all fees, including those not paid by your insurance company.

Payment for dental services must be made when your treatment plan is accepted, or at the time treatment is provided, unless prior financial arrangements have been made.

Any insurance claims denied or remaining unpaid after 90 days will automatically become the responsibility of the patient.

**We offer the following options for the payment of your necessary dental treatment:**

- If you do not have insurance coverage or assignable insurance, payment is due in full on the day of service.
- If treatment requires multiple appointments, payment may be divided over the number of appointments.
- For your convenience, we accept American Express, Visa, MasterCard and Discover.
- We also accept cash or a personal check drawn from a local bank. There is a \$35.00 fee for a returned check.

**Full Payment Discount:**

- A **5%** bookkeeping courtesy is available for all fees over \$2000 that are paid in full by cash or check the day of service.
- A **2%** bookkeeping courtesy is available for all fees over \$2000 that are paid in full on the day of the service by credit card.
- A refund will be made if the proposed treatment is not completed.

I understand and agree that all services rendered to me, my dependents, or others assigned by me to my account are charged directly to me. By signing this agreement, you are indicating that you understand and agree that you are solely responsible for all fees, including those not paid by your insurance company. These include any deductible amount, any amount that would be paid by co-insurance and insurance exclusions and/or limitations. Should the fees for the professional services not be paid in accordance with the provisions herein, reasonable attorney's fees, plus applicable finance charges and disbursements, allowances and costs provided by law shall be included in the computation of the amount due. Finance charges can be applied to all past balances over 90 days at the rate of 1.5% per month (18% annual rate). If the account is in default and turned over for collection, a collection fee will be added.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_