CORNERSTONE
FAMILY DENTISTRY
a strong foundation builds a top smile

Patient Name_____ Date_____

Dental treatment is an excellent investment in an individual's medical and psychological well being. We realize that everyone's personal financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the care that you need and/or desire.

Insurance: We are happy to file the forms necessary to see that you receive the full benefits of your insurance coverage; however, we cannot guarantee any estimated coverage. Your insurance policy is an agreement between you, your insurance company, and your employer. We ask that all patients accept direct responsibility for all charges. You are required to meet the deductible, co-payments, and/or percent of estimated fees and non-covered services if applicable. If for some reason your insurance company has not paid their allowed benefits within *60 days from the start of treatment and/or you are denied benefits, you are responsible for your account balance.* It is the patient/subscriber/cardholder's responsibility to notify our office if there are any insurance changes.

No Insurance: If you claim to not have insurance coverage, are not sure of coverage, or we are unable to verify insurance for services rendered you are responsible for all fees. You accept the fees that have been presented to you by Cornerstone Family Dentistry. You agree that Cornerstone Family Dentistry and/or Bryan Sigg, D.D.S./Joe Sigg, D.D.S. will not be financially responsible for any balances associated with your account and will not reimburse you, if a crown or prosthesis is started and not completed.

Treatment Estimate:
Estimated Total Treatment Fee: _____
Estimated Insurance Coverage: _____
Estimates Patient Responsibility: _____

Payment Options: For your convenience, we accept cash, checks, Visa, MasterCard, Discover, and American Express.

Pre-Pay: Payment in full for entire treatment plan with a bookkeeping courtesy of 5% by cash or check, prior to start of treatment. A minimum treatment fee of $200 is necessary for the discount to apply.

Capital One Dental Fee Plan: For information on financial arrangements that extends credit for immediate treatment, usually interest free, please ask our business manager for details.

Gradual Treatment Plan : Total patient responsibility divided into equal payments paid over number of appointments required. Final payment concluded at last appointment.

If my account becomes delinquent, I will be responsible for collection agency fees and/or attorney/court fees. I also understand that there will be a charge of $20.00 for a returned check and a 5% service charge applied to all accounts over 60 days.

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Date	Patient or Responsible Party	Business Manager