



EARLEY FAMILY DENTAL, PC
PAYMENT POLICIES AND AGREEMENT

1. Payment is expected at the time services are rendered unless other arrangements are made **IN ADVANCE**.
2. As a courtesy, we will prepare and submit your insurance forms to your carrier, and will monitor payment of our claim for up to 90 days after submission. 90 days after submission, however, **YOU WILL BE DIRECTLY RESPONSIBLE FOR THE PAYMENT OF ANY CHARGES WHICH HAVE NOT BY THAT TIME BEEN PAID BY YOUR INSURANCE COMPANY.**
3. Dr. Earley and Earley Family Dental, PC will not be responsible for the handling of your insurance claim after its submission, and will not negotiate for payment from your carrier. Be advised that insurance coverage varies, **and not all services may be covered**. For example, policy terms such as "customary", "reasonable", and "prevailing" are sometimes used to limit coverage, If any of Earley Family Dental, Pc's charges are not paid by insurance, you will be **DIRECTLY RESPONSIBLE FOR THOSE UNPAID CHARGES**, as specified in paragraph 2. If you have any questions concerning your insurance claims or coverage, you must contact your insurance carrier and/or employer.

I, _____, the undersigned, as the party responsible for payment, hereby acknowledge that: (a) I have carefully read the foregoing payment policies; (b) I have been supplied with a copy of this completed form; and (c) in consideration for the services rendered by Dr. Earley and Earley Family Dental, PC, I expressly agree to abide by said policies.

Dated this _____ day of _____

Signature of Party Responsible for Payment _____

Name of Patient, if Other Than Yourself _____