



Christine J. Coke DDS, MD, PA

FINANCIAL POLICY

Thank you for choosing Christine J. Coke, DDS, MD, PA as your oral surgery provider. We are committed to providing the best dental and medical care possible. Please understand that payment of your bill is considered a part of your treatment. The following statement explains our Financial Policy which we ask you read, sign and return to us prior to your treatment.

All patients should provide accurate and complete personal and insurance information prior to being seen by the doctor.

PLEASE PROVIDE BOTH YOUR DENTAL AND MEDICAL INSURANCE CARDS ALONG WITH A PHOTO ID.

1. All applicable co-pays, personal balances, both current and prior, are due at the time of service.
 - We accept cash, check and credit cards, including CareCredit.
2. We participate in most major dental insurance plans, however, please be aware that some or perhaps all of the services provided may not be considered medically or dentally necessary under your insurance plan. The guarantor, the person who is financially responsible, is personally liable for any amount not covered by insurance. **Initials _____**
3. If you have insurance benefits, we will manage your account as follows:
 - i. No administrative fee will be assessed for filing insurance claims; we will provide this service as a courtesy.
 - ii. We will research your benefits and estimate your coverage based on our insurance expertise. We do not guarantee our benefit estimates to be correct and are not responsible for benefits that are not paid exactly as estimated. **Initials _____**
 - iii. You are personally responsible for paying deductibles and estimated co-payments on the day of service. You are also personally liable for paying all charges not covered by your insurance plan. **Initials _____**
 - iv. You are personally responsible for balances in full after 90 day. Further insurance appeals beyond the 90 day period are your responsibility. **Initials _____**
 - v. We are not in network with any medical insurance plans.
4. In some cases, your dental policy may require that we submit a claim to your medical insurance for dental procedures. As a courtesy, we will bill both medical and dental insurances for you. In the event that your medical insurance carrier pays for these services, they often are applied to your out-of-network deductible. In which case you may be responsible for the full balance if your dental insurance does not subsequently pay their estimated portion.
5. In the event of a credit balance, a refund will be issued to the method of payment that was made at the time of service.

Returned Checks

A service fee of \$25.00 will be charged for all returned checks. If the balance due is not promptly resolved within 7 days of the returned check, collection action will be initiated.

I have read the Financial Policy. I understand and agree to the Financial Policy.

AGREED TO AND AUTHORIZED BY:

| | |
|---------------------------|---------------|
| Printed Name of Guarantor | Patient Name: |
| Signature of Guarantor | Date: |