

Dr. John M. Eaton D.D.S.

Financial Responsibility

Patients with Insurance benefits:

Our office understands the value of dental insurance and will file dental claims on your behalf. We will accept assignment of your benefits- this means you must agree to “assign” your benefits to us so that we may receive payment from your dental insurance carrier.

Your insurance is a contract between you, your employer, and your insurance company. Please note that *you* are responsible for making us aware of individuals covered by your policy, your deductible, your maximums and benefit coverage’s. This information is contained in the insurance booklet furnished to you upon enrollment for dental coverage. Please notify us of any insurances changes as soon as possible to prevent payment delay and possible finance charges.

Please understand that we file and accept assignment of your insurance benefits as a courtesy to you. If your insurance denies coverage or does not pay for any reason, you are ultimately responsible for any and all charges incurred in our office.

All Patients:

Your estimated portion of the balance is due at the time of service unless prior financial arrangements have been made. Any finance charge, collection cost, or attorney fees will be paid by the patient until all balances are clear.

Payment options:

Our office accepts cash, personal checks and all major credit cards for services. We do not finance any dental work ourselves. For those patients who would like a little extra time to pay for services, we work very closely with Care Credit and Capital One Health Care Finance. They offer 3,6 and 12 month no interest option as well as a 18,24, 36 and 48 month extended payment options.

If you have any questions about the above information, please do not hesitate to ask for our assistance. We are here to help you!

I have read the above information, assign insurance benefits, if applicable, and I acknowledge that I am ultimately responsible for the balance on my account for any services rendered regardless of my insurance status.

Patient Name

Date of Birth

Signature of responsible party

Date