

Simplify Family Dental  
400 Kentwood Dr  
Frankfort, IN 46041

## **Simplify Family Dental Financial Policy**

Payment of all Accounts is expected at the time of service, including deductible and copayments.

We are in network with many insurance companies and we are happy to submit claims to all insurance companies. However, the insurance contract is an agreement between you and your insurance company, we cannot guarantee that your insurance company will pay on the claims submitted. Ultimately, you are responsible for all charges.

Cash, Check, Visa, Discover, Mastercard and Care credit are all accepted

### **Statement of Understanding**

I understand that all responsibility for payment for dental services provided in this office for myself or dependents is mine, due and payable at the time of service. If a previous arrangement has been made, then I would be responsible for the amount due today. In the event payments are not received by agreed upon dates, I understand that late fees of 20 dollars may be added to my account of outstanding balance of 60 days. I understand that I am responsible for my attorney fees and cost of collection that are added to my account. I understand, if for any reason the insurance company does not pay its portion, I am responsible for the full amount. Any insurance estimate is only an estimate and not a guarantee of payments.

Name Printed:

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Signature:

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Date:

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