



NICOLE M. ARMOUR, DMD
 GENERAL AND COSMETIC DENTISTRY
 104 PHEASANT RUN - NEWTOWN, PA 18940

Financial Policy: Patient Responsibility

initial

We pledge to provide the highest standard of care to address your dental and oral health needs. **Payment for dental care is required on the same day as treatment.** For your convenience we accept cash, checks, Visa, MasterCard, American Express and Discover.

Initial

If you have dental insurance, we will submit dental claims to your insurance company for you. Your insurance company will directly reimburse you based upon the provisions of your specific plan. Your insurance plan is a legal contract between you and your insurance company over which we have no control. Insurances do not typically provide full benefits for all dental procedures, but we are trained to maximize your reimbursement within your plan provisions. Occasionally insurance plans deny submitted claims. This may occur if a procedure is not considered a "covered benefit" of your specific plan or if the insurance company requests more information. We will represent you by filing up to two appeals on your behalf. **You are responsible for all charges incurred irrespective of insurance coverage and/or reimbursement for the services rendered.**

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Our Patient Care Team would be happy to discuss your financial responsibilities in advance of your visits, if you so choose. You may contact them by phone at (267) 264-5117 or by e-mail at office@armourdentistry.com. Please note: if your treatment is an immediate result of an emergency visit, time may not permit advance discussion and/or submission to your insurance company for pre-determination of benefits. In these cases, payment is still due at the time at which services are rendered, per this financial policy.

I _____, have had full opportunity to read this
 (print patient or legal guardian's name)

financial policy and agree to abide by the conditions above.

Signature of Patient (or Legal Guardian): _____ Date: _____