

BARBARA J. UTERMARK, D.M.D., P.C.

BOARD CERTIFIED IN ORTHODONTICS
BOARD CERTIFIED IN PEDIATRIC DENTISTRY

FINANCIAL AGREEMENT

PATIENTS WITHOUT INSURANCE

Our office policy is patients are responsible for the balance in full the day of service, unless prior arrangements have been made.

PATIENTS WITH INSURANCE

The patient is responsible for all balances in our office. As a courtesy we will file your insurance for you. It is your responsibility to make sure the insurance pays their portion within 60 days. If insurance has not paid their portion within this time frame, the patient is responsible to pay the balance in full. Patients with secondary insurance, there is no guarantee secondary will pay; however we will file for your reimbursement. Your co-pay will be based on primary insurance only. I authorize the release of any information relating to treatment to my insurance company in order for claims to be processed. **I hereby authorize payment of the insurance benefits to be made directly to Barbara J. Utermark, D.M.D.**

I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I AGREE TO THE ABOVE POLICY.

Name Of Patient

Date

Signature of Parent/Legal Guardian
Or Signature of Patient