

Dr. Larry Hanus, D.D.S.

Financial Policy

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require that you read, agree to, and sign prior to treatment.

The patient is responsible for the payment of the bill. If you bring a child for a visit, you are responsible for the payment. If there is a divorce factor, that is an arrangement you must take responsibility for. Dr. Larry Hanus, D.D.S., will not take any responsibility for notifying and/or billing the other parent. Whoever brings the child in is responsible for all charges accrued that day.

We will gladly provide you with an estimate of the treatment needed. We try to get as close to actual cost as possible, but please remember that this is an estimate only.

Many of our patients are covered by dental insurance. This is a **contract between you and your insurance company**. As a service to you, we will file the claim and send it to your insurance carrier. We will assist in any way we can to give you the maximum benefit you are entitled to. You are, however, responsible for the portion insurance does not cover. **Full payment is due at the time of service. Your insurance will reimburse you.**

Acceptable methods of payments at our office include: Cash, Check, Visa or MasterCard.

Failure to complete payment of an account will result in the account being turned over to collection, credit bureau, or small claims.

Any special circumstances need to be discussed with the doctor.

We thank you for trusting us with your dental care needs.

Dr. Larry Hanus, D.D.S.

"I have read, understand and agree to the provisions of the Financial Policy."

Signature of Patient or Person Financially Responsible for Account

Date