

Thank you for choosing Drs. Stranigan, Askeland & Harris as your dental health care providers. We are committed to giving you comfortable, quality treatment. You have completed a medical history form so that we can give you the best care possible, now we want to provide you with information regarding our office policies including payment and appointment information.

Payment Information:

Payment is expected in full at time of visit

We gladly accept cash, check, MasterCard, Visa, Discover and American Express

We participate with Unicorn and CareCredit payment plans

Our Financial Coordinator will be happy to meet with you prior to treatment to discuss payment options if payment arrangements are necessary

If You Have Insurance:

At check-out, please ask for an “**Attending Dentist Statement.**” This will have the information needed for you to submit a claim to your insurance company for reimbursement. We advise you to make a copy of all documents that you submit to your insurance company and keep them for future reference until you have been reimbursed. Our administrative staff prides itself on helping our patients maximize their benefits and we are always available to answer your questions.

***Subscribers to Delta Dental, Florida Combined, Blue Cross/Blue Shield of Florida and Eagles:** please present your card to the front office prior to your appointment. Obviously, we cannot guarantee the amount of payment to be made by an insurance company but we will promptly submit claims upon services rendered and ESTIMATE your portion. **This ESTIMATED portion is due at the time of visit.** Should the insurance company pay an amount other than what was estimated, you will receive a statement reflecting the difference. **If the insurance company has not submitted payment to our office within 60 days, the balance in full will be billed to the patient.**

DELTA DENTAL PATIENTS ONLY – PLEASE READ AND SIGN:

As of November 15, 2006 our office is a Delta Premier Provider ONLY! We can accept your PPO and we will file your insurance BUT you will be responsible for the difference in the Premier Plan and the PPO Plan fee allowance and this ESTIMATED portion is due at the time of service.

Please Sign: _____

Appointment Information:

We are happy to help you find a convenient appointment time and we understand that there will be occasions when you will need to reschedule. We ask that you give us 48-hour advance notice to reschedule an appointment. Failed appointments are subject to a fee.

**PLEASE LET US KNOW IF WE CAN CLARIFY ANY INFORMATION FOR YOU!!
WE ARE PLEASED TO HAVE YOU AS A PATIENT IN OUR PRACTICE
AND LOOK FORWARD TO TAKING CARE OF YOUR SMILE!**

Print Full Name

Date

Signature

Representative Signature (if applicable)