

Payment Agreement

We are delighted to assist you in receiving the maximum benefit under the provisions of your dental insurance policy. In order to avoid any misunderstandings, we want to make certain that you understand the following:

- I understand that Dr. Mindy Salzberg-Siegel's office does not act as a representative of the insurance company. All insurance benefits quoted are estimates and not a guarantee of the coverage my insurance company may provide.
- I understand and agree that I am responsible for the payment of all treatment fees on my account. If my insurance company fails to make payment within 90 days, I will be responsible for the full amount owed to Dr. Mindy Salzberg-Siegel.
- I understand and agree that I am responsible for the amount not paid by the insurance company on the date that services are rendered.
- I understand and agree that I am responsible for any outstanding balance remaining after the insurance company payment has been received.
- I understand that it is my responsibility to notify the office of any insurance changes prior to my appointment time.
- I am assigning my insurance benefits to be paid directly to the office of Dr. Mindy Salzberg-Siegel for my dental treatment.

Signature of Responsible Party

Date

Witness

Appointment Agreement

Our mission is to serve you with the utmost competence, skill and personalized care available in dentistry. We commit a lot of time and effort to scheduling appointments that will ensure you have the best dental experience. We ask this of you:

- I understand that it is my responsibility to keep track of my appointment date(s) and time(s) and I will honor my commitment to the appointment I have scheduled.
- If an urgency should arise and I am unable to honor my appointment commitment, I will notify Dr. Salzberg-Siegel's office three business days in advance.
- If I am unable to provide adequate notice, I will gladly pay the standard failed appointment fee of \$75.

Signature of Responsible Party

Date

Witness