



RICHARD L. BECKERMEYER, D.D.S., PC

123 MARMONT STREET ● NILES, MI 49120

Financial Policy
Review Prior to Treatment

Thank you for choosing our office for your dental care. Our practice is "health centered" rather than "insurance centered" practice. We are committed to providing the highest quality dental care through the use of state of the art technology equipment, training, and listening to your concerns. You can be confident that we will recommend you with options for the best services. We hope that by providing you with our Financial policy in advance, we will avoid misunderstanding, generate questions and provide answers.

Please understand that payment of your bill is considered part of your treatment.

Dental Coverage

As a courtesy, we receive a basic breakdown of your benefits from your dental plan so that we can offer you an estimate of your benefits. Please understand that the estimated percentage not covered, including any deductible, is to be paid at the time of service.

The full responsibility for understanding your plan and exclusions and how it relates to your dental procedures is a contract between yourself and the plan carrier. At any time, if you have questions regarding your dental plan as it relates to your treatment, we will be happy to try to answer to the best of our knowledge. If your dental plan does not cover procedures as estimated, the portion not covered is your responsibility.

We will file your claim if we are able (most of the time this information is provided on your insurance card or from your employees human resource department) Our office files claims for our patients as a courtesy. Your signature below authorizes this service. Please keep in mind your contract is between you and the plan carrier. Your advocacy in the process will help us maximize your benefits to their full potential. If your plan has a fee schedule, you are responsible for providing that to our office prior to your appointment. Your part is to pay for agreed upon and necessary services.

Minor Patients

Minors must be accompanied by a legal guardian/parent at their initial visit and with adult at all subsequent visits. The legal guardian/parent is responsible for full payment of services at the time of treatment. Should the recommended plan of treatment change, approval is required of the legal guardian/parent. If the legal guardian/parent is not present at subsequent visits, he or she must be available by phone in the event of an emergency. For unaccompanied minors, emergency treatment will be denied unless charges have been preauthorized. The legal guardian/parent is required to notify our office of any changes in the minor's medical history prior to treatment.

Divorce Decrees

This office is NOT a party to divorce decree. The legal guardian/parent is responsible for payment.

Interest and Rebilling Fees

Interest in the amount of the 1.5% APR/month will be charged to any remaining balance after 60 days.

Missed Appointments

We hold your time scheduled in the operatory as highly valued and as a courtesy, we will give a final confirmation 24-48 hours in advance of your appointment. We trust you will also see our time as valuable. Therefore, we respectfully request a 48 hour advance notice of cancellations.

Printed name of patient

X _____
signature of patient or legal guardian

date