

# Financial Agreement

Thank you for choosing us to provide your dental care. We consider it an honor to have been chosen by you to do so.

Dr. Barsky's and our entire dental team's goal is to help you establish and maintain excellent oral health.

Our philosophy in serving people is to be **informative, honest and forthright.**

Nowhere is that more important than in the area of finances. This Financial Agreement is indicative of our respect for your right to know ahead of time what our expectations are in the area of finances. If you have any questions or concerns about our Financial Agreement please do not hesitate to ask our business office staff.

DENTAL INSURANCE: As a courtesy we will gladly file your claims and will assist you in obtaining maximum dental insurance benefits available to you.

I understand that I am responsible for all charges incurred regardless of insurance status. I understand that Dr. Alexander Barsky and staff will gladly file my insurance and collect any estimated co-payments and deductibles on the date services are provided. I am aware that Dr. Barsky's association is with me, not my insurance company, and I am ultimately responsible for my bill and agree to pay any outstanding amounts promptly upon receipt of a statement. Therefore, I authorize dental treatment for myself or my family member.

I authorize my insurance company to pay Dr. Alexander Barsky on my behalf. This assignment will remain in effect until revoked by me in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Legally Authorized Representative)

Parent       Guardian       Spouse