

Gregory A. Toback DMD MS • Marianne M. Urbanski DMD MScD

Thank you for putting your trust in Shoreline Periodontics, PC. Your oral health is our primary concern, and we are committed to providing our patients the best care possible in a comfortable and caring environment.

Our financial policy does require payment in full at the time services are provided. We do accept assignment of benefits for most major insurance policies. Please understand that your account must be kept current throughout treatment. The following is a statement of our Financial Policy which we require you to read, agree to, and sign before any treatment.

*All new patients must complete both sides of our
"New Patient Registration" form before seeing the doctor.*

DENTAL INSURANCE BENEFITS: We gladly process your insurance claim as a courtesy and ESTIMATE the portion covered by your insurance. **Your insurance policy is a contract between you and your insurance carrier and as a provider we are not party to that agreement.** The quality of insurance policies varies greatly and therefore **WE CAN ONLY ESTIMATE your covered benefits** and cannot guarantee coverage. We ESTIMATE the amount that may **NOT BE COVERED** financially by your insurance.

**** Please note that we allow 60 days for a dental claim to process.** If payment is not received within 60 days of treatment, the outstanding balance is your responsibility.

COLLECTIONS: Accounts with a past due balance of 90 days will incur a collection fee of 15% in addition to your current balance. If this becomes necessary, your account will be placed with an outside collections agency.

CANCELLATIONS: Once a dental appointment has been made, please keep in mind that this time has been reserved especially for you. We require 48 hours notice for any appointment changes or cancellations. We reserve the right to charge **\$50 per hour for cancelled and failed appointments without notice.**

MINORS: The adult accompanying a minor is responsible for the full payment. For unaccompanied minors no treatment will be completed.

PHOTOGRAPHS: I give my permission to Dr. Gregory A. Toback, Dr. Marianne M. Urbanski or any representative they may designate, to photograph me for diagnostic purpose and to enhance the medical record. I agree that these photographs will remain the doctor's property (this includes all diagnostic x-rays). I further authorize the doctor to use these photographs for teaching purposes, to illustrate scientific papers, for use in lectures. If any photographs are used for any reason I shall not be identified by name.

SIGNATURE RELEASE: I authorize the releases of dental/medical information necessary to either process my insurance claims for treatment performed by Shoreline Periodontics, PC, or when necessary, to other providers rendering medical/ dental care. I assign all dental/ medical/ surgical benefits for treatment performed by Shoreline Periodontics to which I am entitled to be paid to Shoreline Periodontics, PC. This assignment will remain in effect until revoked by me **in writing.** A copy of this assignment is to be considered as valid as the original.

My signature below acknowledges that I have read the policy in its entirety. I also understand that payment of this account is my full responsibility.

PATIENT'S NAME (Please Print)

PATIENT'S SIGNATURE
(Parent if Minor)

DATE