



Nemcik
Family Dentistry, Inc.
General Dentistry

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Thank you for choosing Nemcik Family Dentistry. The following is a summary of our financial policy. Please take time to understand this document and agree to our guidelines.

It has become more and more difficult for us to gain access to dental plans and benefit details. It is YOUR responsibility to understand your dental policy, it's benefits and limitations. If you have questions about your policy, please contact your agent, employer or dental plan.

If you have a dental plan, we will be happy to help you optimize your dental benefits and we will as a courtesy to you submit claims to your dental carrier. Please make sure we have your most up to date dental plan information on file. If a change occurs in your dental plan please notify us immediately.

All co- payments, deductibles and coinsurance are due at the time of service. In case of extended treatment, we will be happy to discuss payment arrangements with you as part of your treatment planning. There are options available, all of which require an initial payment on the day treatment begins.

All dental benefit co-payments, deductibles and coinsurance quoted is an ESTIMATE. We do not guarantee payment by your dental carrier. You are responsible for any unpaid balances left after dental claims have been processed. Authorizations prior to treatment are suggested for services \$200. or more. We are happy to submit these authorizations for you to your dental carrier per your request.

Patients without dental benefits are required to pay for services in full at the time of service. In case of extended treatment, we will be happy to discuss payment arrangements with you as part of your treatment planning. There are options available, all of which require an initial payment on the day treatment begins.

By signing this form I acknowledge that I have read and understand the above statements. I agree to the terms of these policies.

Patient name: _____ Date: _____

Patient, Parent or Guardian Signature: _____