

FINANCIAL POLICY

Our goal is to keep your insurance or other financial arrangements as simple as possible. In order to accomplish this in a cost effective manner, we ask that you adhere to the following guidelines:

1. We will file your insurance for you; we will make every attempt to verify your coverage at the time of service. Since insurance plans cannot guarantee eligibility or benefits, we cannot do so either. You will be responsible for any and all services in excess of your insurance limits, as well as all non-covered services.
2. All co-payments are due at the time of services.
3. If we are not participating providers of your plan, and you do not have out-of-network benefits, payment in full is expected today.
4. Claims for patients with insurance plans that have out-of-network benefits will be filed. Any outstanding claims not paid by insurance within sixty (60) days will be due by the patient.

I have read and understand the Financial Policy,

Signature	Date
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NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

I have been given the opportunity to review/obtain a copy of, Joseph M. Pitts DMD, PC, Notice of Privacy Practices.

Signature	Date
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