



J. TIMOTHY DOERNER, D.D.S., P.A.


2763 State Road 580

Clearwater, FL 33761


Telephone: (727) 791-1099

FINANCIAL POLICY

We want to Thank You for trusting us as your Dental Care Provider. We appreciate the opportunity to serve you. As part of our service to you we try to contain the ever rising cost of Dental Care, and still provide the utmost in Quality. In an effort to do this we have implemented new financial policies. Please review and sign this Financial Policy Information Form. If you have any questions or concerns, Please bring them to our attention.




CHARGES~ Full payment is due when services are rendered. To aid in the payment process we accept Cash, Checks, Master Card, American Express, Visa and Discover Card.




INSURANCE~ Your insurance policy is a contract between you and your insurance company. We are NOT a party to this contract. We file claims as a courtesy to our patients. If extensive treatment is necessary, we will accept insurance assignment, with approved pre-estimate, allowing you to pay just your portion at the time services are rendered. We will NOT become involved in disputes between you and your insurance company regarding Deductibles, Co-Payments, Covered Charges, Secondary Insurance, Usual Customary Charges, Etc... We can only supply factual information as applies to your treatment. Even though we may help in processing your insurance claim, please be advised that you not your insurance company are responsible for all charge incurred. In the event that your insurance company does not pay a portion of your bill in a timely manner, you will be held responsible for any balance.

FINANCE CHARGES~ Any account balance over sixty (60) days may be accessed finance charges at the rate of 18% per annum or 1&1/2% per month. This applies whether or not an insurance claim has been filed.




RETURNED CHECKS~ Returned checks may cause your account to be subject to additional charges, including but not limited to Collection and/or Processing Fees.



MISSED/CANCELED APPOINTMENTS~ Unless appointments are canceled a minimum of 24 hours in advance you may be charged the current fee for a normal office visit. When appointments are missed, individuals, some in pain, are needlessly delayed. Please help us to serve you better by keeping scheduled appointments.

MINOR PATIENTS~ The minors parents or legal guardian are always responsible for any charges incurred be the minor. For this reason NON-EMERGENCY treatment will be denied to any minor not accompanied by an adult unless, but not limited to charges being pre-approved by your insurance company and/or a credit plan authorized by our office, Master Card, Visa, or Discover Card. If payment is made by Cash or Check, authorization from the parent or guardian is still required.

I HAVE READ AND UNDERSTAND THE ABOVE STATED POLICIES AND AGREE TO ALL STIPULATIONS REFERRED TO THEREIN.



Signature of Patient, Unless Minor Then
Signature of Parent or Legal Guardian

Date