

**DRENNAN AND PETTA, P.A.**  
**Financial Arrangements**

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Welcome to our practice,

From the moment you walk through our door you will notice that our goal is to make you feel at home in our pleasant, relaxed atmosphere. Our friendly staff will take special care to make certain that you are comfortable and well cared for.

We provide advanced dental care, and have dedicated our practice to excellence in painless dentistry. Your dental health is of the utmost importance to us. To this end we will educate and counsel you on all procedures that you may require. Our staff is prepared to help train our young patients in preventive dental care and proper hygiene.

We look forward to a long term professional relationship with people such as you; to this end we have prepared the following so that you know what is expected of you, and we welcome you to our practice.

**Payment Responsibilities:**

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance. For your convenience we accept MasterCard, Visa, and Discover. Returned checks and balances older than 30 days will be subject to additional collection fees and interest charges of 1.5% of the total balance per month. Charges may also be assessed for repeated missed appointments without a 24 hour advance notice.

**Insurance Policy:**

AN co-pays are due at the time of service and we will file with your insurance company. Co-payments are calculated based on information we receive from your insurance company.

You must realize however that your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract. Our fees are generally considered within the acceptable range by most companies and therefore are covered up to the maximum allowance determined by each carrier. Not all services, however, are a covered benefit in all contracts.

We must emphasize that as dental care providers our relationship is with you - not your insurance company. All charges are your responsibility from the date the services are rendered.

I have read and understood the above financial policy.

Signature\_\_\_\_\_