

**Dental Doctors of Somerset
Dr. M. Egan & Dr. A. Fernandez
84 Glastonbury Blvd.
Glastonbury, CT. 06033**

FINANCIAL AGREEMENT

Please remember that some insurance companies pay fixed allowances for procedures and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid by your insurance. To control billing costs, we request that payment be made at the time of services. The patient and or responsible party agree to pay INTEREST at the rate of 1 ½ % per month and all costs of collections including reasonable attorneys fees, on all amounts due on accounts more than 60 days from the date of service. To the extent necessary to determine liability for payment and to obtain reimbursement, I authorize disclosure of portions of the patient's medical record. I further hereby assign all dental benefits, to which I am entitled, including private insurance and other health plans to: Dental Doctors of Somerset, 84 Glastonbury Blvd, Suite 203, Glastonbury, CT 06033.

Assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by insurance. I further give permission to pull a credit report as needed should my account be turned over to an outside source for collection effort. I understand that all procedures performed by the Doctor are dentally necessary and waive any defense to the contrary.

Signature

Responsible Party

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of this office's Notice of Privacy Practices.

Signature

Print Name

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)