



Alfredo M. Gapuz, Jr. DMD

Guarantor Financial Agreement

This statement has been prepared to prevent confusion and uncertainty regarding office financial policies and procedures. Please remember that insurance is a financial arrangement by which patients obtain reimbursement for medical fees and is not a substitute for paying the doctor. There is considerable variation in the extent to which insurance companies cover various medical expenses.

Cosmetic and Restorative Dentistry of Lake Mary is committed to providing the best treatment for our patients. We must emphasize that as medical care providers, our relationship is with our patient, not with your insurance company. We cannot accept the responsibility of negotiating the claims with insurance companies or other persons. **While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered.**

Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract, although we may be a participating provider for that network. That means simply that, when payments are received, we will make contractual adjustments as outlined in our participation agreement with that plan or network. It is the patient's responsibility to understand the provisions of their plan. We cannot guarantee payment of all claims. If your insurance pays only a portion of your bill or rejects your claim, any contact or an explanation should be made to you in writing from your insurance company. Reduction or rejection of your claim by your insurance company does not relieve you of your financial obligation.

COPAYS AND DEDUCTIBLES MUST BE PAID AT THE TIME OF EACH VISIT.

Cosmetic and Restorative Dentistry of Lake Mary gladly accepts Visa, MasterCard, American Express, Cash, Check and Money Orders.

PLEASE READ AND SIGN THE FOLLOWING AGREEMENT.

I hereby assign insurance benefits, otherwise payable to me, to pay directly to Cosmetic and Restorative Dentistry. I understand I am responsible for charges and guarantee payment not covered by my policy. I agree to be solely responsible for all collection fees, attorney fees, interest, and court costs necessary to collect payment on any portion of the delinquent balance.*

By signing this agreement, I have been made aware there is a \$30 charge for missed appointments. A 24 hour notice MUST be given to prescheduled appointments and 1 hour for same day appointments in order to reschedule or cancel. An after-hour telephone number is available at (407) 902-3949.

Guarantor's Name (please print): _____

Signature: _____ Date: _____