



RICHARD C. FUGLER, D.D.S., M.D.

PATIENT FINANCIAL INFORMATION & DENTAL/MEDICAL INSURANCE

We are committed to providing you with the best possible care. If you have Dental or Medical insurance, we are anxious to help you receive your maximum allowable benefits. However, in order to achieve these goals, we need your assistance and understanding of our payment policy.

Payment for all services is due at the time services are performed. We accept cash, check, all major credit cards and we may accept assignment of insurance benefits. (Discount applies for surgical procedures only). If payment is made in full by either cash or check, a 5% discount is applied. However, we are not able to give the discount if an insurance assignment is accepted or if using a major credit card for payment.

We are happy to assist you in processing your insurance claims. It is important that you provide our office with all of the necessary forms and information required to process these claims. Students over the age of 18 must submit a proof of student status on or before the day of surgery.

Some important facts for you to remember:

1. Your insurance is a contract between you, your employer and the insurance company – we are NOT a party to that contract.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize, as a health care provider, our relationship is with you and not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are the patient's responsibility from the date services are rendered until paid in full.

The information we receive from your insurance carrier is an estimate only. The individual we speak with over the telephone to obtain an estimate of benefit coverage may not always give us accurate information and, more than likely, will not be the person who actually pays your claim. Therefore, it is important to remember that we are only receiving an estimate of your benefits. In addition, if an assignment of benefits is accepted by our office and your insurance carrier has not paid within sixty (60) days, you will be expected to immediately pay the remaining balance due. If your insurance carrier pays in excess of what is owed, our office will reimburse you up to the maximum amount you have paid. However, if your insurance carrier pays less than what was estimated, you will receive a bill showing the balance due and asked to pay this immediately upon receipt. All payments are to be paid to Richard C. Fugler, M.D., D.D.S., and sent to 103 Abner Jackson Pkwy, Lake Jackson, Texas 77566.

I understand that payment is due at the time services are performed. Cancellation or re-scheduling a surgery appointment with less than 24 hours or one business day notice will require pre-payment prior to having the appointment re-scheduled.

I have read the above information and understand that the contract with the insurance carrier is between the insurance carrier and insured and that all charges for services received are my responsibility and are due and payable by me.

I further understand that if I/we default on the obligation that I/we jointly and severally agree to pay a \$25.00 service charge plus costs of collection and all reasonable attorney's fees and court costs.

Responsible Party: _____ Date: _____