

Financial Policy

It is customary to pay for services when they are received. For your convenience we accept: cash, check, Visa, MasterCard, American Express and Discover. We reserve the right to charge \$25 for appointments missed or canceled without 24 hour advanced notice.

FOR ALL PATIENTS:

When payment is made in full by check, cash or debit card on the date of service, the patient is entitled to a 5% cash discount. ***Only one discount per service is available*** (e.g. if a service is discounted for warranty or other reasons, no additional discount will be available). Retail items such as Sonicare toothbrushes, bleach, etc. are excluded from this cash discount as the price is already discounted to our cost.

FOR PATIENTS WITH INSURANCE:

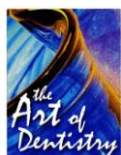
We will be happy to bill your insurance for you, provided you furnish us with the necessary information required to submit your claim. Your co-payment and deductible will be due at the time of service. We request that you review your benefit booklet prior to your appointment so you know your coverage, limitations, and yearly maximums. Not all services are a covered benefit by all contracts. Some insurance companies arbitrarily select certain services they will cover. The fees for our dental services are the responsibility of the patient; and we do not render services based on payment or denial by insurance companies. We cannot accept responsibility for collection of a disputed claim.

AGREED AND ACCEPTED:

I have read this financial policy and understand that I am responsible for payment of my account, regardless of any insurance coverage I may have. I also understand that I will be charged interest on balances of sixty days at the rate of 12% per annum. In the event costs and/or fees are incurred in connection with the collection of my account, I agree to pay all such costs and fees, including a collection processing fee of \$25, attorney's fees and all court costs.

Signature of Responsible Party

Date



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