

**Samuel J. Frydenlund, D.D.S., M.S.**

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***Our Financial Policy***

**We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your responsibility.**

- All patients must complete our *Patient Information* form before seeing the doctor.
- Full payment is due at the time of service unless prior arrangements have been made.

**MINORS ACCOMPANIED BY AN ADULT**

The adult accompanying a minor, and his or her parents (or guardian) are responsible for full payment at the time of service.

**UNACCOMPANIED MINORS**

The parents (or guardian) are responsible for **full payment**. Non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan or paid by cash, check or credit card at the time of service.

**REGARDING INSURANCE**

If you have insurance, we will help you receive maximum benefits. If you have insurance, the co-pay must be paid at the time of service. **Insurance is a contract between you and your insurance company.** We are NOT a party to this contract in most cases. We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered procedures, secondary insurance, *usual and customary* charges, etc., other than to supply factual information as necessary. **You are responsible for the timely payment of your account. Ask about our Orthodontics Budget Payment Plan.**

**MISSED APPOINTMENTS**

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

X \_\_\_\_\_

*Responsible Party Signature*

X \_\_\_\_\_

*Date*