

Financial Policy
For
Franklyn Alexander, DDS, PA

We accept cash, checks, and all major credit cards and, if you qualify, we'll work to devise a method of payment amenable to us both. Payment is due at time services are done.

We work with most dental insurances. Benefits vary according to the level of benefits that your employer has purchased for you. We will work to get the most out of your coverage. Remember-the agreement is between you, your employer and the insurance. We have no control over what is covered. As a courtesy, we will file your claims and answer your questions to the best of our ability. We recommend that you familiarize yourself with your policy. Please keep in mind that you are responsible for your balance regardless of what insurance pays. We do ask that you pay your estimated portion at each visit. You will always know ahead of time what your financial obligation to us is.

We are happy that you have chosen us to care for your dental needs.

I have read and understand the financial policy for Dr. Frank Alexander DDS, PA. If I have dental insurance, I acknowledge that it is probable that my plan will not cover all charges incurred in this office. I acknowledge that I am responsible for any charges refused or discounted by my plan. Further, I will pay for any collection or legal fees incurred in the collection of these charges should I fail to pay them in the agreed upon time.

Signed _____ Date _____

Witness _____ Date _____