

Payment Options for Services Provided

Dr. Michael J. Thomas

Dental Cosmetic Services: Payment is due at the time of service.

We offer two payment options. Please initial one option below.

_____ **Option 1**

I want to pay for my treatments on the day I receive them.

_____ **Option 2**

I want to pay for my treatments up to 45 days after I receive them, (Not including co-payments). *Bill my Insurance to see if it will pay for my treatments.*

I would like Dr. Thomas to bill my Insurance Provider (IP) for the services provided. I understand that:

- If my IP pays the full amount of my bill, then I owe Dr. Thomas nothing.
- If my IP pays for only a portion of my bill, then I am responsible for paying the outstanding balance. I authorize Dr. Thomas to charge the outstanding balance to my credit card on file when Dr. Thomas receives my Explanation of Benefits (EOB) from my IP.
- If my IP does not respond within 45 days of Dr. Thomas’s request for reimbursement, then I am responsible for paying the outstanding balance and I authorize Dr. Thomas to charge the outstanding balance to my credit card on file.
- Dr. Thomas does not send out statements for outstanding balances. My outstanding balance is located on my EOB sent to me by my IP.

Note: As a courtesy to you, we will process and bill your IP only once for the services provided. In order to bill your IP, we will need all of the following:

1. Current/valid *Patient Registration* Form including Social Security Number.
2. Photocopy of your Valid Driver’s License or State Issued ID card.
3. Photocopy of your most recent Insurance Card.
4. Credit Card *Authorization Form* and Photocopy of your Credit Card.
5. Signed copy of this form.

If your IP chooses not to pay the full amount of your bill, then we will charge the outstanding balance to your credit card on file when we receive your EOB. We will mail you a copy of the credit card charge receipt.

In the event that your IP requests your dental records, a fee of \$35 will be added to your bill for retrieving, copying, and mailing your records.

Name – printed

Signature

Date

Dr. Thomas will not battle with your IP or intervene on your behalf to obtain your reimbursement. We suggest that you stay in close communication with your IP. Your involvement with the process may expedite them timely processing of your bill.