



## **Patient Financial Responsibility Form**

Thank you for choosing Dr. Dori Freeland for your orthodontic needs, we are committed to providing you the highest quality care. We ask that you read and sign this form to acknowledge your understanding of our patient financial policies.

*Dr. Dori Freeland, DDS, MS, PLC does not participate with any insurance companies.* However, as courtesy, our office will provide all insurance billing for you. The responsible party is required to provide the most correct and updated information regarding insurance.

Reimbursement is unique to each individual insurance plan. For example, most insurance companies have a Lifetime Maximum Benefit for orthodontics and usually an age cap of 19. this When billing for Phase I Orthodontics the insurance company may only reimburse part of the benefit as they assume the patient will be going onto Phase II Orthodontics when they have all their permanent teeth erupted. At that time billing will be done to the insurance company again for the remainder of benefits.

A small portion of an occlusal guard is usually only covered by dental insurance companies. We can attempt to bill your medical insurance, but reimbursement is extremely variable.

I understand the above and all the financial responsibilities.

Patient Name: \_\_\_\_\_

Responsible Parties Signature: \_\_\_\_\_ Date: \_\_\_\_\_