

BALDONE DENTISTRY

511 Brookwood Boulevard
Birmingham, Alabama 35209
(205) 879-6880

8000 Liberty Parkway #126
Birmingham, Alabama 35242
(205) 970-3004

FINANCIAL POLICY

I do hereby agree that all dental services rendered are due and payable upon receipt. Should my account become delinquent and require the services of an attorney, I understand that I am responsible for all attorneys' fees and court cost associated with the collections. I also waive rights of exemption under the Constitution and/or Laws of Alabama of any other state as to personal property.

(Signature of Patient / Responsible Party)

(Date)

NON-COVERED SERVICES POLICY

As your dental healthcare provider, I want to provide you with your choice of dental services. There may be certain services that you select that are not covered by your insurance contract or PPO plan. You will be expected to reimburse our office the difference for those services or pay for the services in full. For example, your insurance may only pay for an amalgam (silver) restoration for posterior teeth when a composite (tooth colored) restoration is desired. It is the responsibility of the patient to reimburse our office the difference, up to the amount noted in the fee schedule, for that restoration. In addition, procedures that are deemed cosmetic are not covered by your insurance contract and therefore, it is the responsibility of the patient to reimburse our office accordingly.

Please be assured that only necessary services and treatment will be performed. If you have any questions or concerns, feel free to contact our administrative team and it would certainly be their pleasure to assist you.

I have read your policy and agree, as indicated by my signature, to reimburse Baldone Dentistry for services rendered that are not covered benefits of my insurance carrier.

(Signature of Patient / Responsible Party)

(Date)