Gover & Gover, DMD, PA
3840 Ed Drive, Suite 120
Raleigh, NC 27612

Patient Financial Responsibility Form

Thank you for choosing us as your healthcare provider. We are committed to providing quality care and services to all of our patients. The following is a statement of our financial policy, which we require that you read and agree to prior to any treatment.

If you have dental insurance or a benefit plan, we will gladly assist you in working to receive your maximum allowable benefits. In order to achieve this goal, we need your assistance and your understanding of our payment policy. Unless a previous arrangement has been made, **all charges are your responsibility from the date services are provided**. We will be happy to file your dental claims **as a courtesy to you** as long as you are able to provide us with your **current** dental insurance information. We will **not** be able to file your dental claim without this information. Please note that not *all* services are covered as a benefit in all contracts. Your insurance policy is a contract between you, your employer and the insurance company. We are not privy to that contract. As a dental care provider, our relationship is with you, not your insurance provider.

If you do not have dental insurance payment is due at time services are rendered. For your convenience we accept cash, MasterCard, Visa, Debit Cards, Discover, America Express, and personal checks.

I have read the financial policies contained above, and my signature below serves as acknowledgement of a clear understanding of my financial responsibility. I understand that if my insurance company denies coverage and/or payment for services provided to me, I assume financial responsibility and will pay all such charges in full.

Signature of responsible Party **Date**