

Richard H. Real, Jr., D.M.D.
PROFESSIONAL ASSOCIATION
2161 Clearbrook Road - Birmingham, AL 35226 - Phone 205-823-2577

FINANCIAL POLICY

*** AS A COURTESY TO YOU, WE WILL GLADLY FILE YOUR INSURANCE CLAIMS.**

However, it is your responsibility to provide us with the necessary information and to know your insurance coverage. Please understand that each insurance policy is different. It is essential that we have the contract number, group number, phone number and address of the insurance company before you are seated.

*** YOU ARE RESPONSIBLE FOR ANY DEDUCTIBLE, CO-PAYMENT, AND ANY OTHER BALANCE NOT COVERED BY INSURANCE.** Payments are due at the time services are rendered. If you are a self-pay patient, all fees are due in full at the time of visit as well.

*** ANY BALANCE NOT PAID AFTER 30 DAYS IS YOUR RESPONSIBILITY.** Any balance over 90 days will be sent to a collection agency, unless other financial arrangements are made. If sent to collections, you are responsible and agree to pay all costs for collecting or attempting to collect the debt, including the attorney fee.

*** WE CAN NOT GUARANTEE ANYTHING ABOUT YOUR INSURANCE.** We will attempt to answer any questions we can about your insurance but cannot speak on their behalf as your insurance contract is with the company and not this office. It is your responsibility to handle any problems with your insurance company.

Returned Check Fee - \$25

Second Broken Appt Fee- \$25

Method of Payments accepted- Cash, Personal Check, Mastercard, Visa, Discover

I HAVE READ AND UNDERSTAND THE ABOVE POLICY AND AGREE TO ADHERE TO THE CONDITIONS.

Patient's Name (please print): _____

Patient's Signature: _____ Date: _____
(Parent/guardian's signature if patient is a minor.)

Witness (Staff Only): _____ Date: _____