

KEN BENDIK, D.M.D. F.A.G.D.  
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FINANCIAL POLICY

Thank you for choosing Dr. Bendik as your dentist. The following is a statement of this office's financial policy, which we ask you to read and sign below.

**Understanding your insurance:** Your insurance policy is a contract between you (or your employer) and your insurance company. We are not a party to that contract, except in specific instances where we have a PPO agreement. You are responsible for the balance whether your insurance pays or not. Knowing your insurance benefits is your responsibility. Contact your insurance company with any questions you may have regarding your coverage.

**Patients with insurance plans:** At the time of service, you are responsible for your estimated co-payment. We will bill your insurance company for all charges. You will later receive a statement from us reflecting any balance due, or possibly a refund if an overpayment is made.

**Non-Covered services:** Please be aware that some, and perhaps all of the services you receive may not be covered by insurance. This is determined by your insurance contract and we are not responsible to know your specific benefits. We encourage you to become familiar with your insurance benefits. Our office can help you with that, but we can't guarantee benefits.

**Patients with no insurance:** Charges for your visit are due and payable at the time of services.

**Missed appointments:** There is a charge for appointments missed, or canceled with less than 48 hour notice. The fee is dependent on type and length of specific appointment.

**Non-payment:** Accounts over 60 days past due will be considered delinquent.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY AND AGREE TO ABIDE BY ITS GUIDELINES.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_