

We are committed to providing you with the best available dental care. We will be pleased to discuss our fees and this policy with you anytime.

If we are NOT filing dental insurance for you, full payment is due at the time the services are rendered. If we ARE filing dental insurance for you, we ask that full payment of your expected portion be made at the time services are rendered

_____ (Patient's initials)

We accept payment by cash, check and most credit cards. Also, a finance plan is available (with approved credit) through one of our financing partners.

Insurance

We can file to any insurance company that will allow you to use the dentist of your choice; however, we may not be providers for your insurance. It is your responsibility to contact your insurance company regarding the provisions of your policy. You will be responsible for the difference in what your insurance covers and our fees.

Insurance is a contract between you and your insurance company. Thomas H. Holmes, D.D.S., P.L.L.C. is NOT a party to this contract, nor can we become involved in disputes between you and your insurer regarding deductibles, covered fees, secondary insurance, etc. Our involvement will be limited to facilitating claim processing for your account. If for any reason, your dental insurance does not render payment, we ask that you contact your insurance company and render payment to our office for the outstanding balance.

Historically, dental insurance has been an additional benefit for employees. It was created to help share the cost of treatment, not pay for it all. Policies have many exclusions and limitations. They often discourage necessary treatment. The insurance companies are often concerned with their costs and not necessarily what is best for you. You need to be aware of your policy exclusions and limits but should not let those factors determine your treatment decision.

Please advise our staff of any changes in your insurance coverage prior to the day of your appointment.

I have read and agree to accept the financial policy as set forth by Thomas H. Holmes, D.D.S., P.L.L.C. and if applicable authorize release of any information relating to my dental claims if they are filing dental insurance on my behalf.

Responsible Party

Date

*Thomas H. Holmes, D.D.S., P.L.L.C.
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