**Hill Country Dental Maria C. Garanzuay, DDS, PC**

*20770 US 281N. #110 4932 Windsor Hill*

*San Antonio, TX 78258 San Antonio, TX 78239*

*Phone: 210-494-4455 Phone: 210-653-4410*

**PAYMENT OF SERVICE IS REQUESTED AT THE TIME OF YOUR VISIT**

We **OFFER** the following payment options:

 Payment by cash

 Payment by check

 Payment by credit card

**FINANCIAL POLICY:**

We ask that all patients **read and sign** our financial policy. We may accept assignment of insurance benefits. However, you must understand that:

1. Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract. Our relationship is with you, not your insurance company. We cannot become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance, and “usual and customary” charges. Our involvement will be limited to supplying factual information to facilitate claim processing.
2. All charges are your responsibility whether your insurance company pays or does not pay. **Not all services are a covered benefit in all contracts**. Some insurances companies arbitrarily select certain services they will not cover.
3. Fees for these services, along with unpaid deductibles and co-payments, are due at the time of treatment.
4. **I understand that the employees of this office are NOT representatives for my insurance company and the estimate I receive from them is not a guarantee of payment from my insurance company**.
5. I authorize payment from my insurance carrier be made directly to the dentist
6. I authorize this office to release necessary medical or dental information to my insurance carrier.
7. I understand that a **$25 cancellation / broken appointment fee will be charged to my account if** any appointment is cancelled with less than 24 hours notice

Thank you for choosing us for your dental care. We appreciate your trust.

**Patient or Guardian Signature: Date:**

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