



Erin Bear, DDS | Lindsay Robichaux, DDS  
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***Financial & Cancellation Agreement***

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Our office understands the value of insurance benefits, and we are happy to assist you in filing the necessary forms. This is done as a courtesy to our patients and there is no guarantee of coverage. The insurance carriers base the amount of benefits on a fee schedule that they arbitrarily develop. For this reason, you may receive less of a benefit than we estimate for you. Your insurance policy is an agreement between you and your insurance carrier; therefore, all patients are directly responsible for all charges. Once your insurance carrier has paid, you will be responsible for any difference upon receipt of our statement. If for any reason your insurance carrier has not paid within 60 days from the date of treatment or denied the claim, you are responsible for the entire balance.

- *Payments are expected as services are rendered. Payment and charges made at the time of services are estimates until your insurance carriers and the provider have made the appropriate adjustments to your account. Insurance companies may deny your claim, at which time you will be responsible for the entire balance.*
- *We can send a pre-authorization to your insurance company for treatment plans exceeding \$300. Please ask our staff to submit this before making any future appointments.*

\_\_\_\_\_ I understand my insurance is out of network with my chosen provider. Fees are at standard fees and I am provided with an estimated out of pocket. My insurance is not a guarantee of benefits and I accept sole responsibility for payment of services.

\_\_\_\_\_ I understand my insurance is in network but the benefits may not cover all services and is not a guarantee of benefits. I am responsible for deductible and payments due at the time services are rendered.

\_\_\_\_\_ I understand I do not have insurance coverage and select to be self-pay.

\_\_\_\_\_ Our office requires a 48 hour notice for any cancellation. This is so we can allocate other patients in need of urgent dental care. If notice is not given in the timely matter, the first failure will be a \$50 fee that will be charged to your account. Any other failed appointments going forward will incur a 15% fee of your procedure you missed. This fee is entirely the patient's responsibility, and is not covered by your insurance.

*\*\*We accept the following MasterCard, Visa, American Express, Discover, Cash, Check, Money Order, or Care Credit\*\**

*\*\*I understand my financial obligation as outlined above. I am aware that any balance outstanding after sixty (60) days is my responsibility. The treatment plan has been explained to me and I have agreed to the terms as listed above.*

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Patient/Responsible Party Signature      Witness for Bear Family Dentistry      Date