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Thank you for choosing our office for your dental needs. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any dental treatment.

FORMS:

All patients are required to complete and sign our Financial Policy before treatment by the doctor. We cannot utilize your insurance company unless you give us your complete insurance information.

FINANCIAL RESPONSIBILITY:

The name listed on the "Responsible Party" line is financially responsible for all fees incurred. This includes parents of minors, and legal guardians. Insurance benefits may be assigned as payment for treatment, however, full payment is the sole responsibility of the person listed on this line.

EMERGENCY PATIENTS:

New "Emergency Patients" will be treated the same day if possible. **Payment in full is due on the day of service.** We will submit your insurance form on your behalf.

IF YOU HAVE INSURANCE:

Your dental insurance coverage is a contract between you and your employer and/or insurance company. We will estimate, as closely as possible, your coverage, but until we actually receive the payment from the insurance company, it is just an estimate. We will assist you in dealing with the insurance company, but ultimately the responsibility lies with you. If, after 45 days, the insurance company hasn't paid, the balance is due, in full, by you.

If you have any questions, feel free to ask them at any time. We wish to be of assistance in any way we can.

X _____ Date: _____
Signature of Patient or Responsible Party

Dear Patient,

Our "Pay-At-The-Desk" Policy helps avoid the high cost of billing, thus keeping your visits less costly. Please help us by being prepared to pay at the time of your visit.

Thank You.