

**Frost Family Dental Care
525 Metairie Road
Metairie, LA 70005
(504) 833-2500**

Insurance and Payment Policy

All insurance claims will be filed for you, most times electronically, on the date of service. In an effort to keep our costs affordable for you, the patient, we ask that you pay your portion in full at the time of service. Unless other arrangements have been made with the financial coordinator. Your insurance company will release benefits to the office, usually within 2–3 weeks after receiving the claim. Our office will follow up with your insurance company to ensure that the claim is being paid properly.

If for any reason your insurance company does not pay the claim, the patient or responsible party will be billed. If an account becomes 90 days past due, it is then turned over to collections and a \$25.00 billing fee plus all attorney costs are added to the account, becoming your responsibility.

I have read and understand the above. By signing, I understand I am also responsible for any and all collection and/or attorney costs that Frost Family Dental Care incurs in settling my account.

Signature of Patient or Legal Guardian

Date