

Robert A. Milner, D.D.S Dental Corporation
27725 Santa Margarita Parkway, Ste. 120
Mission Viejo, CA 92691
(949) 859-8899

Our Financial Alliance

Our Philosophy: It is important to us that the quality of our business services matches the quality of our dentistry. We want the handling of your account, from the start through final payments, to be perceived as an extension of the dental care we provide you and your family.

The Patient's Role: As with any partnership, both parties have a role to play. Our role is to provide you with quality service. In turn, your role is to pay for your treatment in a timely manner. Our team will work with you to determine financial arrangements that make sense for both of us. With an agreement made, our joint follow-through will result in a win for everyone.

Requirements: All information forms must be completed. All estimated patient portions are due at time of services.

Forms of Payment: Credit Cards: Visa, MasterCard, American Express and Discover, Cash and Personal Check.

Extended Payment Plans available with credit approval from CareCredit®
www.carecredit.com (800) 859-9975.

Regarding Insurance: As a service to our patients we will file and take assignment of your insurance benefits. We will estimate your personal investment for your dental care based on the summary of benefits received from your dental carrier and make every effort to maximize your dental benefits. ***This is an estimate only.*** We cannot make any guarantees as to your insurance coverage. It is impossible to determine what the actual benefit for any service will be. ***ALL deductibles, co-pays, unpaid insurance balances are the responsibility of the patient/responsible party and are due no more than 30 days from the date of service. Please review the Dental Insurance Disclaimer.***

Thank you for understanding our Financial Alliance. Please let us know if you have any questions or concerns.

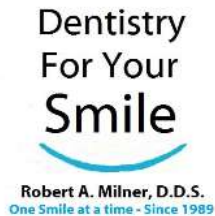
I have read the Financial Alliance. I understand, accept, and agree to this Financial Alliance.

Print Name of Patient or Responsible Party

Date

Signature of Patient or Responsible Party

Date



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Dental Insurance Disclaimer

Our goal is to help you maximize your dental insurance benefits. We are happy to bill your dental plan for services. When we call on your insurance and verify benefits ***it is not a guarantee of payment by the insurance company*** and reimbursement may vary according to your individual plan when the actual claim is submitted. Any treatment plan that our office proposes to you is an ***estimate*** of your insurance coverage, it is ***not a guarantee***. We will always work to maximize your insurance benefits for you.

Please remember that the contract itemizing your dental benefits is between you, your employer and your insurance company. Although we call and get a summary of benefit information for you, we suggest that you call your insurance company to reconfirm any waiting periods, deductibles, benefits payable concerning your treatment plan and any policy restrictions and/or policy limitations. Regardless of coverage, your ***estimated co-payment is due in full the day of treatment***. If your insurance plan does not pay within 60 days of treatment, you must pay any outstanding balance and seek reimbursement from your dental plan. Also remember dental insurance plans are not designed to cover all of your dental needs.

Read and Sign: I have chosen to allow Robert A. Milner, D.D.S. Dental Corporation to file my insurance and I do accept full responsibility for this account and for all dentistry performed for me and/or my family members in this dental office. ***I also understand that this office cannot guarantee my insurance company will cover all services rendered and the treatment plan provided by this office is only an estimate of my and my family's benefits.*** I also understand and agree that if my insurance company does not pay within 60 days of my date of service then I will become responsible to pay at that time.

Print Name of Patient or Responsible Party

Date

Signature of Patient or Responsible Party

Date