

Julia W. Neuls, D.D.S., P.A.
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Financial Agreement for Julia W. Neuls, D.D.S., P.A.

Our office accepts Visa, MasterCard, American Express, Discover, Cash and Checks. We also offer financing through Capital One and Care Credit.

Payment is due the date services are rendered!

Our office participates with Delta Dental and Guardian Life Insurance. We accept all other PPO and private indemnity insurance benefit plans, but will not be "in-network" for those plans.

The most common misconception about benefit plans is that it will cover the total cost of your dental care. Benefit plans are designed to reduce your out of pocket expense, not eliminate it. Please remember that a benefit plan is a contract between you and your company. We do our best to estimate the amount insurance will pay for certain procedures and ask you to be responsible for your portion of that estimation. In most cases, a balance will be left over after your co-payment is made and the insurance company has made their final payment. You are responsible for that balance in FULL! Many insurance companies do not pay the full percentage stated in your policy information for tooth colored fillings. Please be aware of this! Claims take 30-45 days to process; our office will send responsible parties a monthly statement in order to keep you informed of account activity. If benefit payment has not been received within 60 days, you are liable for the account balance in full. Any overpayments or refunds will take up to 30 days to process once all activity on your account is completed. If payment in full has not been received within 90 days, accounts will be dismissed from our office and submitted to a collection agency. A 33% delinquency fee will be added to the final account balance.

We set aside a reasonable amount of time for your appointment with the Doctor so that you are properly examined and all of your concerns are handled. We ask that our patients be courteous and call our office 72 hours in advance if appointments cannot be kept. There is a non-refundable scheduling deposit that we collect for major restorative and cosmetic appointments. If that appointment is missed, we will apply that deposit towards your account, as it will reflect a missed appointment fee.

I have read and agree to the above policies. I understand that it is my responsibility to pay for in incurred professional fees in full. This signature will also serve as authorization for the release of information necessary to process my claims. I hereby authorize payments to be made directly to Dr. Julia Neuls.

Patient/Legal Guardian Name (please print)

Patient/Legal Guardian Signature

Date

(Please read the important information above before signing)