

R. M. Molina Dentistry Inc.  
7146 Hamilton Mason Rd.  
West Chester, OH 45069  
(513)759-5481

Office Financial Policy

I understand that the billing staff will file all claims for the services rendered, to my insurance company, if the dentist is a participating provider.

I, however, acknowledge that I am responsible for the balance that may be due at the time services are rendered to the dentist because of:

- Co-Insurance or co-pay amount
- Yearly deductible amounts
- Non-covered services
- Out-of-network charges
- Exhausted benefits
- Terminated coverage
- No insurance coverage
- Failure to respond to insurance carrier correspondence
- Failure to respond to coordination of benefits inquiry

I understand and am agreeable that the balance of my statement will be paid in full within 30 days. Accounts over 90 days are subject to 40% collection & attorney fee if turned over to our collection agency.

If I am unable to pay the entire amount (applies to the amount of \$150.00 or more), I am responsible immediately upon receipt of the statement, to call the billing office at (513)759-5481. Under special circumstances, payment arrangements may be made with our billing office.

Credit balances under \$40.00 will not be returned without a written request after 3 years.

**We reserve the right to charge for appointments cancelled or broken without 24 hour advance notice. This charge will be \$50.**

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Signature of responsible party

date