



Ryan W. Comeaux DDS
family dentistry ♦ the woodlands

Financial Policy

Thank you for choosing Dr. Comeaux for your dental needs. In order to better inform you, please read the following summary of our financial policy.

Insurance

You (patient) are responsible for all charges regardless of insurance coverage. As a courtesy, we are happy to file claims with your primary insurance company for services rendered. Your deductible, co-payment and/or co-insurance are due at the time services are rendered. However, if we have not received payment from your insurance company within 60 days from the date of the service, you will be expected to pay the balance in full.

Payment

We recognize that patients have financial needs, and we will make every effort to find a solution that works best for you. Comeaux Family Dentistry accepts Visa, MasterCard, Discover, American Express and personal checks with proper identification. Returned checks may be recovered electronically along with the state-allowed recovery fee.

Patients with outstanding balances 60 days or more overdue must make arrangements for payment prior to scheduling future appointments.

Missed Appointments/Late Cancellations

Your appointment is time that we reserve especially for you. Broken appointments represent a cost to us, to you and to other patients who could have been seen during your timeslot. Please call our office and speak to a representative at least 24 hours prior to your appointment if you must cancel or reschedule. Unfortunately, if the required notice is not given, a fee of \$50 will be charged and immediately payable. Excessive abuse of this policy may result in discharge from the practice.

I have read and understand Dr. Comeaux's financial policy. I agree to assign insurance benefits to Dr. Comeaux when necessary. I also agree that should it become necessary to forward my account for collection proceedings, in addition to the amount owed, I will also be responsible for the fees associated with the costs of collection.

Signature

Date

Relationship if signed by Patient's Representative