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## FINANCIAL POLICY

We are committed to providing you with the best possible care and we are pleased to discuss professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your responsibility.

I authorize the release of any medical or other information necessary to process insurance claims. I authorize my insurance company to pay claims directly to my doctor and I understand that I am responsible for all claims/or parts thereof not paid by my insurance company. Payment in full will be expected from patient if payment from your insurance company is not received within 60 days of service.

Estimated payment is due at the time of treatment; we accept cash, personal checks and credit cards. If you have insurance, we will file insurance claims as a courtesy to our patients. We cannot become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance or “usual and customary” charges, etc. Our professional services are rendered to the patient and not to the insurance company. We will not provide services on the assumption that the charges will be paid for by the insurance company. With or without insurance coverage, you are responsible for the full payment of your total bill.

If you have any questions regarding our financial policy, please ask. We are committed to providing you with the most positive experience in dental care.

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Print Patient or Responsible Party Name

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Patient or Responsible Party Signature

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Date