

Roger Lerner, D.M.D.
Family, Cosmetic & Implant Dentistry
Williamsburg Commons
2A Auer Court
East Brunswick, NJ 08816
(732)651-1818

FINANCIAL RESPONSIBILITY CONSENT FORM

In the event that I have dental coverage, I acknowledge that I am responsible for all insurance co-payments on the day of service, as well as for services performed that are not covered by my insurance provider. As a courtesy, the office of Roger Lerner, D.M.D., will submit dental insurance claims on my behalf, but accepts no responsibility for the amount, length, or scope of my provider's coverage. Should situations arise concerning my dental coverage, I understand it is my responsibility to contact my insurance company. If this office is not a preferred provider for my insurance, I understand I may be responsible for payment in full the day of my appointment; (in this case I will be directly reimbursed by my insurance company). Insurance coverage estimates provided to me by this office are based on amounts reported by my insurance company at the time coverage information was requested and are subject to change.

If I do not have dental coverage, I understand that all payments are due in full as services are rendered, unless other financial arrangements have been made in advance.

Financial Responsibility: I agree to pay all finance charges, collection costs, attorney's fees, and any other costs incurred to enforce the collection of any outstanding amount.

Please note: Though it is not a common practice of this office to charge for broken appointments; we do reserve the right to charge for same day cancellations and numerous no shows.

My signature below indicates I understand and agree to all of the above.

Signature: _____ Date: _____