

## Co Payments Rules & Guidelines Used by this Office

***Congratulations & thank you for selecting our office to receive your dental treatment!!***

***As you are aware, your insurance company requires that a co-payment be made at the time of receiving the dental treatment you have requested. The law prohibits this or any other office from waiving such co-payment regardless of your personal situation or financial ability.***

***As such, please accept this memo as our initial attempt and demand to collect such amount from you at this time.***

***Be advised that in the event, for any reason, you cannot pay such co-payment sum (s) immediately, you are still responsible for said payment, this amount will be noted as past due on your office statement, and will bill you for this deficiency in the same fashion as any other receivables of this practice. Please consider your co-payment an obligation which must be paid.***

***For our convenience we accept Visa, MasterCard, debit cards, etc.***

***I have read the policies stated above, understand them clearly, and understand my financial responsibility concerning co-payment.***

**PRINT NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_**

***Gracias por elegir a nuestra oficina para recibir su tratamiento dental!!***

***Como usted sabe, su compañía de aseguransa requiere que usted pague un "co-payment" al mismo tiempo de recibir su tratamiento. También, la ley nos prohíbe no cobrar esta cantidad sin consideración a su posición económica.***

***Por favor acepte esta carta como nuestro primer atentó a cobrar esta cantidad, del co-payment.***

***Si usted no puede pagar el co-pago hoy, será responsable por este pago, y será considerado una cantidad que usted debe. Nuestros atentos en cobrarle esta cantidad será incluso en mandarle cuentas por el correo.***

***Por favor de considerar el co-pago una deuda que se tiene que pagar.***

***Para su conveniencia aceptamos todo tipo de pago incluyendo Visa, MasterCard, y tarjeta de debito.***

***Yo he leído y entiendo bien las pólizas de esta oficina relacionado a mis obligaciones sobre el pago de co-pago.***

**Nombre: \_\_\_\_\_ Firma: \_\_\_\_\_**