



**Richard Bowen, DDS**  
**Taryn Gehlert, DDS**

www.bowenlegacydental.com

Tel: 614-459-2300

General, Cosmetic & Implant Dentistry

770 Jasonway Ave.  
Columbus, OH 43214

### FINANCIAL GUIDELINES

We are committed to providing you with the highest quality lifetime dental care, so that you may fully attain optimum oral health. Please understand that payment of your bill is considered part of your treatment.

Payment is due at the time service is provided. Our office accepts cash, personal checks, MasterCard, Visa and Discover. Outside financing is available upon request and approval.

Please check if you would like more information about financing options.

Please note: Returned checks will be subject to additional fees. In the case it becomes necessary for our office to enlist a collection service and/or legal assistance; you will be responsible for any collection and/or legal charges incurred.

*Do you have insurance?*

- As a courtesy to you we will help you process all insurance claims. Please understand that we will provide an insurance estimate to you, however it is not a guarantee that your insurance will pay exactly as estimated. Your insurance company and your plan benefit ultimately determine the amount paid. We will, of course, do all we can to make sure your estimate is as accurate as possible.
- All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer and your insurance company. Our office is not a party to that contract.
- Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.
- If payment is not received or your claim is denied, you will be responsible for paying the full amount at that time.

We thank you for the opportunity to serve your dental health care needs and welcome any questions you may have concerning your care of our financial policy.

I have read, understand and agree to the above terms and conditions.

Signature \_\_\_\_\_

Date \_\_\_\_\_