

Phillip Roe, DDS, MS
21701 76th Avenue West, Suite 204
Edmonds, WA 98026
425 775-1045

Written Financial Policy

Thank you for choosing to see Dr. Phillip Roe. Our primary mission is to deliver the best and most comprehensive dental care available.

Fees are required to be paid the day of service. Dr. Roe's office has agreed to file your insurance claim as a courtesy. The office will instruct your insurance company to assign benefits to the subscriber. (With the exception of Regence Blue Shield, as they will not accept paper claims from dental offices. We will provide you with documentation so you can send in and have any benefits sent directly to you.) You are required to provide the office with the necessary information to bill your insurance company.

It is your responsibility to know the extent of your insurance benefits, restrictions, and limitations.

A fee of \$75.00 may be assessed for patients who miss or cancel more than 2 times in a calendar year without 24-hour notice.

There will be a charge of \$40.00 for returned checks.

If you have any questions, please do not hesitate to ask.

By signing this document I acknowledge that I have read the above and understand my responsibilities.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)