

**Gregg A. Sweeney, D.D.S.**  
**8354 Little Eagle Court**  
**Suite A**  
**Indianapolis, IN 46234**  
**317-209-3000**

**Fees and Insurance**

**In order to provide the highest quality care for reasonable fees, our practice follows certain payment and insurance procedures.**

1. To avoid the cost of billing, we require patients without insurance to pay for services rendered at the time of their visit. We accept Visa, Mastercard, Discover & Care Credit (this is a dental credit card that is available through this office for those patients who need a monthly payment plan.)
2. For patients with insurance, we ask you to provide us with a completed dental form and insurance card along with a dental booklet that outlines your coverage. Without these verification form payment in full is expected at the time of service. Your dental policy is a contract between you and your insurance company. As a courtesy to our patients, we will accept direct reimbursement from your insurance company and allow you to pay your estimated portion at the time of service. Please remember this is only an estimate of your coverage and not a guarantee of payment. **We will wait 60 days from the time of service for your insurance provider to pay their portion. After the 60 days, the patient will be expected to pay the balance in full.**
3. It is the patient's responsibility to inform us of any insurance changes and bring in a new booklet.
4. Charges incurred by minors are the responsibility of the parent requesting treatment for that child.

**AUTHORIZATION STATEMENT**

I AGREE TO BE FINANCIALLY RESPONSIBLE FOR MY ACCOUNT AND FOR ANY ATTORNEY FEES, COLLECTION FEES AND COURT COST PERTAINING TO MY UNPAID BALANCE.

I AUTHORIZE THE RELEASE OF ANY INFORMATION RELATING TO MY INSURANCE OR CLAIMS WITH THIS OFFICE.

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO GREGG A. SWEENEY, D.D.S. FOR SERVICES PERFORMED BY HIM, FROM MY INSURANCE COMPANY OTHERWISE PAYABLE TO ME.

PATIENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

GUARANTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_