

Robert S. Conrad, D.D.S., P.A.
800 Gessner #250
Houston, TX 77024
713-468-2936

Financial Policy

As a courtesy to our patients we like to make available our financial policy for their review. We have found that providing this information allows our patients to fully understand the fees associated with their treatment.

It is our primary goal to provide quality dental and health care at a fair cost to our patients. To help keep our fees reasonable we require payment at the time the service is rendered, unless arrangements are made before treatment begins.

Our office will be happy to file insurance claims with your primary insurance but to not accept dual insurance. Due to the many different dental plans available, we have no way of knowing exactly how each plan will cover each procedure. The patient is responsible for paying their estimated percentage of the visit at the time of treatment. Any additional fees not covered, for whatever reason, by the patient's insurance company, will be the patient's responsibility, and should be paid within 30 days. ***Our office is not a participant with any dental network.*** Those with Delta Dental, payment will now go to the patient and not the doctor. We will still be happy to file your claims however, payment for your treatment will need to be made in full to Dr. Conrad at the time of service. You will receive reimbursement directly from your insurance company in about 3-4 weeks.

If you are unable to keep your scheduled appointment please give a 24 hrs notice, we reserve the options to charge for missed appointments. If you are late for your appointment please call us as we may need to schedule it for another time so that we can honor all of our patients reserved appointment times.

For your convenience we accept checks, cash, Visa, MasterCard and Discover. We offer several different payment options to assist you in obtaining the dental care you desire. If you are interested in one of these payment options please speak with our front office team so they can help you choose the payment option best for you. ***All payment arrangements need to be made prior to your treatment.*** If you have any questions or concerns regarding our office policy, please contact Doreen our Business Manager.

I have read, understand and agree to the office financial policy. I also understand that any balance not paid by my insurance for any reason is my responsibility.

Patient's signature _____ Date _____