

# BRAD GORSKY, DMD, PC

General & Cosmetic Dentistry

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## Acknowledgement of Financial Responsibility

Dear Patient,

We value you as a patient and appreciate that you have trusted us with your dental needs. As you know, there are charges for each of the dental care services that we provide to you. The co-payments, deductibles and co-insurance amounts we are obligated to collect are determined by the type and extent of dental benefit coverage that your dental insurance allows. Our office will be pleased to work with your dental insurance company in verifying your eligibility and benefits and requirements for pre-authorizations (when requested), but please be aware that your dental plan does not guarantee the accuracy of its confirmation of coverage or benefits. Since you are ultimately responsible for payment of the dental services provided to you, it is our policy to obtain your credit card number and authorization to process a charge to your credit card for payment should your dental plan not honor the claim we submit for the services we provide to you.

Your dental benefits, including your responsibility for co-payments, deductibles and co-insurance are a decision made by your employer, not this office or your dental plan. In providing credit card information and signing below, you authorize payment to Brad Gorsky, DMD, PC in the absence of coverage by your dental insurance (including but not limited to co-payments, deductibles, co-insurance and/or uncovered services). Please be advised that we only send out one (1) billing statement. If these charges are not paid within 30 business days, your account may automatically be turned over to a collections agency. By completing this form it ensures that this does not happen and prevents negative items from being reported to the credit reporting agencies. **We will make an attempt to contact you before charges are billed, however if we are unable to reach you, your card will be charged and a receipt mailed to your address on file.**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Type: Visa MasterCard Discover AmEx

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_