

Financial Policy

We are dedicated to providing you with the best possible care and service and regard your understanding of our financial policy as an essential element of your care and treatment. If you have any questions, please feel free to call and discuss them with our billing and insurance department.

All copays and/or deductibles are due at the time of service. For your convenience, we accept cash, personal checks, VISA, MASTERCARD and DISCOVER.

We file your insurance as a courtesy to you. However, it is your responsibility to ensure that your insurance pays correctly and in a timely fashion. It is also your responsibility to know what services (prophies, fillings, periodontal, endodontic, oral surgery, etc) are covered by your insurance. It is impossible for our staff to be aware of all the terms of your insurance or know the remaining benefits on your policy throughout the year. When filing your insurance, our system estimates what your policy will pay. If there is a remaining balance due after your insurance has paid, you will be billed the difference.

All accounts are payable in full (either by your insurance company or you) within 60 days. We are aware that situations arise that make it impossible to clear all balances within 60 days. Please call our billing department—we will gladly make payment arrangements that are fair both to you and this office. We charge 18% annual interest for balances over 60 days. Please be aware that we do take legal action on overdue accounts. If there is a financial agreement as in the case of divorce, the parent bringing in the child is responsible for paying any applicable copayments, deductibles and charges not covered or paid by the insurance company, and it is the parent's responsibility to seek reimbursement from the other party involved.

It is impossible for us to know all employer insurance charges within the CSRA. Most insurance companies have filing deadlines. Therefore, it is your responsibility to provide us with a copy of your most current insurance card in order for us to file each claim in a timely manner. Failure to do so could result in increased out of pocket expenses for the patient.

This office reserves the right to charge a \$35.00 fee for all broken appointments not cancelled or rescheduled 24 hours before the original appointment time. Please try to keep all appointments and arrive on time so that our staff can serve you and our other patients in an effective and timely manner.

I have read and understand the financial policy above and agree to be bound by its terms.

Signature of Responsible Party

Date