

Financial Policy

WELCOME! Our goal is to provide you and your family with optimal dental care. We want you to feel welcome and as comfortable as possible throughout your treatment. We encourage you to ask questions and to get involved in treatment decisions. This includes understanding your treatment plan as well as our financial and appointment policies.

Financial Agreement :

Payment is due at time of service, unless prior financial arrangements have been made. Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible at the time of service. Payments may be made using cash, check, Visa, MasterCard or American Express. We also offer **Care Credit**, a financing option for health care expenses (restrictions apply, ask for details). After **60 days**, unpaid balances will be assessed a finance charge of of 1½% per month (18% per annum).

Insurance Information :

As a courtesy to our patients, we will help prepare insurance forms and assist in collections from insurance companies. However, we do NOT render our services on the assumption that our charges will be paid by an insurance company. The office staff will estimate insurance coverage to the best of their ability but the patient agrees that this is an estimate only, not a guarantee of coverage. If insurance has not paid within **45 days** of treatment you will need to make full payment to this office and be reimbursed when your insurance company pays.

If you are insured please:

1. **Be familiar** with the coverage and deductible on your insurance plan(s). To help you better understand your dental benefits, read your plan description and call your employer or insurance company regarding any questions you may have.
2. Bring your insurance card and/or insurance form with you on your first visit.

Appointments :

If you must change your appointment time, please give **48 hour** notice as this time as been reserved specifically for you. We understand things do come up; therefore, we allow for one missed appointment. Any missed appointments after that will be charged a \$25 fee. Thanks for your understanding.

Consent for Services

I have read the above conditions of treatment and payment and agree to their content. I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents'. In the event of non-payment of charges for dental services rendered, I agree to pay any cost accrued in the collection of my account as well as accrued interest. I waive all rights of exemption under the Constitution and laws of the State of Alabama.

I consent to the diagnostic procedures and treatment deemed necessary by the dentist for proper dental care.