

Financial Overview Acknowledgment

The following information is to inform you of our office's financial policy. If at any time you have questions regarding this policy, please do not hesitate to ask our Financial Coordinator.

We are committed to providing you with the best possible dental care. Our fees reflect our professional commitment of excellence to you. Our goal is to assist you in the settlement of your account with the same quality and professionalism that our dental care provides. We accept cash, check, Visa, MasterCard, American Express and Discover. We also offer a healthcare financing program through Care Credit. Care Credit is a line of credit for your healthcare expenses and offers interest free payment options and extended payment options up to 60 month terms. Check policy: for your convenience, if your check is dishonored or returned for any reason, we will electronically debit your account for the amount of the check plus a processing fee of \$25.00

We will communicate clearly all recommended treatment and fees involved prior to beginning treatment. Our fees reflect the quality of care we provide to our patients. We shall do all within our power to help you satisfy your account. **Payment is expected on the day of your visit.** A delinquent account impedes our ability to provide you with the quality dental care that you deserve. Please be aware that the patient or guardian bringing a child to our office for treatment is responsible for payment of all services rendered.

Any account accruing a balance for whatever reason will be subject to a \$10.00 per month statement fee. ****MULTIPLE CANCELLATIONS and/or FAILED APPOINTMENTS** will be subject to a \$50.00 fee per appointment.

I give permission for the staff of Carolina Dentistry @The Stateline to contact me by telephone, text or email.

For our patients with dental benefits, as a courtesy to you we will file your claims. We will gladly accept insurance benefit assignments to help reduce your immediate out of pocket expense. We require that the deductible, non-covered fees and the estimated patient portion be paid at each visit.

Please contact your insurance carrier prior to your visit to obtain essential information which will accurately depict your coverage. Proving us with this information will facilitate future claims and communications to maximize your benefits. If you have a direct reimbursement policy, you will be asked to pay in full the day of service and your insurance company will reimburse you.

Important facts about your dental insurance

- * Your dental insurance is a benefit to you and a contract between you, your employer and your insurance company.
- * It is your responsibility to know the type of dental insurance you have (i.e.: Traditional, PPO, or DMO), and to know what benefits are offered under your plan.
- * **You** (not the insurance company) are responsible for the fees of services rendered to you.
- * We appreciate the opportunity to provide you with excellent dental care.

Patient/Parent/Guardian Signature: _____ Date: _____