



2752 Pleasant Road, Suite 106, Fort Mill, SC 29708

FINANCIAL POLICY

1.14.2020

Thank you for choosing us as your health care provider. Our main concern is that you receive the proper and optimal treatment needed to restore and maintain your dental health.

The following information is the financial policy for this office. If you have questions about our payment policies please do not hesitate to ask.

As a courtesy to our patients, we will process your insurance claim for reimbursement, provided you have given complete and accurate information. For copayments, deductibles, non-covered expenses, or if you do not have insurance, payment is due at the time services are rendered. We accept cash, personal checks (which may be scanned electronically), debit cards, MasterCard and Visa.

Your insurance policy is a contract between you, your employer, and the insurance company. WE ARE NOT A PARTY TO THAT CONTRACT. Our relationship is with YOU, not the insurance company. INSURANCE IS FILED AS A COURTESY TO YOU. All charges are your responsibility whether or not insurance pays.

If insurance has not paid within **30 days**, you will be responsible for the balance due. A statement will be sent to you with the due date noted. If you are uninsured balance is due at the time services are rendered.

Should your account become delinquent, it will begin to accrue finance charges. You agree to reimburse us the fees of any collection agency, which is based on a percentage at a maximum of 33% of the debt, and all costs and expenses, including reasonable attorney fees, which we incur in such collection efforts. Once turned over to this agency, any questions regarding your account will be directed to them. Please note, once sent to collections, all scheduled appointments for all persons on your account will be cancelled. Should you require emergency appointments or any other appointments you will be served but on a cash-basis only.

In regard to **minor children**, all charges are the responsibility of the parent who is listed as the responsible party on the child's Patient Information Form. In the event of a divorce or separation, we DO NOT decide custody issues. The responsible party (parent) must pay all balances and is responsible for obtaining reimbursement from the other parent.

Again, thank you for choosing us as your healthcare provider. We appreciate your trust in us and we appreciate the opportunity to serve you.

I have read and understand the above financial policy and agree with its contents.

Signature

Date