



FINANCIAL & APPOINTMENT CONSENT FORM

Welcome to our practice!

We look forward to providing you with exceptional dental care. To provide you with the most beneficial and comprehensive service, we do ask that you review and complete our office and financial policy form.

Dental Insurance

As a complimentary service, we will file claims with your primary dental insurance company. In order for us to timely file the claim and collect payment, we ask that the correct insurance information be provided at the time of your appointment. If this information changes, it is your responsibility to update our office immediately. We will accept payment from your dental insurance company, however, we are only contracted with Delta Dental Premier. Please note that any difference in payment from your insurance company and your account balance is your responsibility. We emphasize that as dental care providers, our relationship is with you, NOT your insurance company. Your insurance is a contract between you, your employer and the insurance company. Our office will provide you with an ESTIMATE of your out-of-pocket expense for any treatment planned by the doctor. However, please understand that these are strictly estimates and are not a guarantee that your insurance company will reimburse us/you according to these estimates. While the filing of primary insurance claims is a courtesy that we extend to all of our patients, all charges are your responsibility from the date the services are rendered. If difficulty arises with payment from the insurance company, we will ask that you contact your carrier to rectify the problem. All expected insurance balances remaining unpaid after 45 days from the date of service become the immediate responsibility of the patient and/or account holder.

Payment. Co-pays & Deductibles

Payment for co-pays and/or deductibles is due at the time services are provided. Payment may be paid by cash, check, Visa, MasterCard, Discover or American Express. Our office also accepts payment through CareCredit. CareCredit is bank financing for qualified applicants who prefer additional time to pay their balance. It is a revolving line of credit through an independent financial institution. It is designed to meet the needs of our patients and is ideal for extended treatment plans, elective procedures, emergency care, and treatment not covered by insurance. CareCredit has financing options available that include 6 and 12 month interest free payment plans, as well as an extended payment plan. We will gladly discuss your proposed treatment, financial options and any other questions you may have.

Account Balances & Charges

Any balance older than 45 days will be subject to interest charges up to 12% until the account is paid in full. If a balance remains on the account after 90 days, the account will be sent to a collection agency and additional collection fees will be applied to any unpaid balance. Any attorney or collections fees incurred due to delinquency in payment will also be charged to the patient. Any personal check returned unpaid or with non-sufficient funds (NSF) will incur charges to recover the face amount of the check, a \$25 processing fee and \$30 NSF check fee to absorb bank charges to our office. If financial problems occur, we ask that you contact us promptly for assistance in the management of your account.

Cancellations & Broken Appointments

In an effort to keep dental costs down while maintaining a high level of professional care, we respectfully request a 24 hour cancellation notice. Your scheduled time has been saved only for you and the doctor or hygienist. Due to staff overhead that occurs in broken appointment slots, a cancellation fee of \$45 per-hour scheduled is charged if a 24 hour notice is not given. We appreciate your efforts to keep scheduled appointments.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR ALL CHARGES INCURRED FROM SERVICES RENDERED BY TAMMIE K NEAL MILLER, DDS, PC, operating as Winchester Dental Spa.

Signature of patient / parent / legal guardian

Date

Office Use Only

Account Name: _____ Account#: _____