

carolina dental arts

Our Financial Policy

Thank you for choosing **Carolina Dental Arts** for your dental care, where we are committed to the success of your treatment. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we request you read and sign.

FULL PAYMENT IS DUE AT THE TIME OF SERVICE.

WE ACCEPT CASH OR VISA/MC. NO PERSONAL CHECKS WILL BE ACCEPTED.

WE OFFER CARECREDIT, AN AFFORDABLE FINANCING OPTION FOR TREATMENT.

Regarding insurance:

Our practice participates with the following insurance plans: Aetna, Ameritas, BCBS, Cigna, Delta Dental, Guardian, MetLife, United Concordia, United Healthcare and many more. If you have any questions whether or not our practice participates with your particular plan, please speak directly with the patient coordinator. If your plan is one with which we participate, we will bill and collect according to your plan. All deductibles, co-payments and disallowed charges will be due at the time of service.

If we do not participate with your insurance plan, we will submit your dental claim form as a courtesy to you. Although your insurance company may pay at a higher rate, a payment of 60% is required at the time of service for all treatment other than routine cleaning appointments. For cleaning appointments, a payment of 30% is required.

We will do all that we can to get the most benefits possible reimbursed for you, however we cannot bill your carrier for your reimbursement unless you provide us with current insurance information. Please be aware that some of the services provided may not be covered or may be considered above the "usual and customary procedures." Our practice is committed to providing the best treatment for our patients, while charging what is reasonable and customary for our area. You are responsible for payment of your account, regardless of any insurance company's arbitrary determination of usual and customary fees. If insurance has not responded to a claim within 60 days of submittal, the full account balance becomes the account holder's responsibility.

(Past due balances are subject to a finance charge of 15% minimum. In the event that your account is placed in the hands of a collection agency, the costs involved (including any attorney's fees), will be at the expense of the patient.)

Regarding Missed Appointments:

We do not "double book" appointments. When we schedule an appointment, the time is reserved just for you. If you must change an appointment, please give us at least 24 hours notice. There is a fee of \$75 for missed appointments or for appointments that are canceled without a 24 hours notice. In some cases, we reserve the right to charge the full value of the missed time. Please help us serve you better by keeping scheduled appointments.

Thank you for reading and understanding our Financial Policy. Please let us know if you have any questions or concerns.

X _____ Date _____
Signature of patient or responsible party