

## **Our Office Appointment & Financial Policy**

Thank you for choosing us as your dental health provider. We believe that all patients deserve the very best dental care we can provide. We also believe that everyone benefits when specific financial arrangements are agreed upon. 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 require that you read and sign prior to any treatment. All patients must complete our information and insurance forms before seeing the doctor.

**FULL PAYMENT IS DUE AT TIME OF SERVICE. WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER, AND AMERICAN EXPRESS CREDIT CARDS, AND DEBIT CARDS. WE ALSO OFFER CARE CREDIT WHICH IS AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL.**

### **Regarding Insurance**

We request that any co-payments, deductibles, and any services not covered by your insurance plan be paid at the time the service is provided. We do our best to estimate what you will owe out of pocket, after your insurance pays. Please know this is not a precise amount. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance unless you bring in all insurance information at your initial visit. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your account in full within 90 days, the balance will be automatically transferred to your account. Please be aware that some and possibly all of the services provided may be non-covered services and not considered reasonable, usual, and customary under the terms of your dental and/or medical policy.

### **Minor Patients**

The adult accompanying a minor and/or parents (or guardians) are responsible for full payment at the time of service. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, credit card, or payment by cash or check at time of service has been verified.

### **Payment Plans**

Eli Mayes Dental has partnered with Care Credit, a patient financing company, to offer our patients 0% interest financing for up to 6 months with approval. No other payment plans are available.

SEE OTHER SIDE

**Confirmation of Appointments and Missed Appointments**

We will call or text you 1-2 days prior to your appointment to remind you of your appointment day and time. **If we do not receive confirmation from you, via text or return call, by 4pm the business day before your appointment, your appointment may be removed from the schedule. If you cannot make it to your appointment and do not contact us to cancel your appointment at least 24 hours in advance, you may be charged a \$25 fee.** Please understand that missed appointment times are valuable to those patients that may find it hard to come to the dentist at other times. Please help us serve you better by keeping your scheduled appointments. Excessive cancellations and no shows will result in termination of our treatment agreement.

**Billing**

All accounts which have not paid the estimated portion of their bill at the time of service may incur a \$3.00 billing charge each month until the balance is paid. There is also a \$25 returned check fee.

**Collections**

Any account that has not received payment in 90 days will be handed over to a collection agency that will pursue the responsible party for reimbursement. This will negatively impact your credit history and limit the treatment you can receive at our office.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns. We look forward to providing the highest quality dental care in a relaxing and caring atmosphere.

I have thoroughly read the Financial Policy. I understand and agree to this Financial Policy.

X \_\_\_\_\_ Date \_\_\_\_\_