

FINANCIAL POLICY

It is our intention to provide you with thorough and efficient dental care. In Addition, we will endeavor to make your visit with us a pleasant and comfortable one. Please read the following so you understand our office financial policy.

PATIENTS FALL INTO THREE CATEGORIES:

A. PATIENTS WITH NO INSURANCE. Payment is due in full at the time of service by cash, check, or credit card.

B. HMO AND PPO PATIENTS. Your insurance contract requires co-payment in full at the time of service by cash, check, or credit card.

C. PATIENTS WITH INSURANCE FORMS. As a courtesy to you, we will process your insurance forms at no charge. Once payment is received from the insurance company, your remaining balance is due in full in 30 days. If payment is not received in 30 days, the balance will be billed to your credit card. You must have a credit card on file with our office to do so.

WE SUGGEST THAT YOU HAVE A CURRENT CREDIT CARD ON FILE WITH OUR OFFICE. PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name of Major Credit Card _____

Printed Name As It Appears On Card _____

Signature As It Appears On The Card _____

Account Number _____ Expiration Date _____

The Receptionist Will Have To Make A Copy Of Your Card.

PATIENTS WHO DO NOT HAVE A CURRENT CREDIT CARD ON FILE MUST ESTABLISH A CASH CREDIT ON THEIR ACCOUNT PRIOR TO SERVICE.

THERE IS A 6% BANK PROCESSING CHARGE WHEN USING YOUR CREDIT CARD.

THERE IS A \$35 SERVICE CHARGE FOR A CHECK RETURNED TO US FROM THE BANK FOR NON SUFFICIENT FUNDS (NSF).

Certain procedures require prepayment before appointments can be scheduled.

In case of default of payment for any services completed, I agree to pay reasonable and just attorney fees incurred by Simmons Dental Associates in enforcing the collection of patient's accounts if payment is not forthcoming within a reasonable amount of time (30 days). I understand and agree to the above financial agreements.

Name Signature Date