

# Office Payment Policy

Patient Number

--	--	--	--	--	--	--

Date

\_\_\_\_\_

## Office Payment Policy for R. Mack Snead, Jr. D.D.S.

The following is an outline of our office payment policies. Please acquaint yourself with them and then sign below to acknowledge your understanding and acceptance of them.

### Fees

Please feel free to discuss our fees with us at any time. Before any dental treatment is begun, the patient and/or responsible party will receive a consultation regarding treatment plan and cost. We attempt to keep our fees at a fair level that reflects the quality of care provided in our office. Prompt payment will enable us to keep our fees lower for everyone; therefore, **payment is due at the time services are rendered.** Any other financial arrangements shall be made only at the doctor's discretion and must be agreed upon prior to treatment.

We accept: cash, check (return check fee \$25.00), Mastercard, Visa and Discover. We also offer financing through a third party finance company.

### Insurance

As a courtesy to our patients with insurance, we will file your insurance claim, allowing you to pay only your deductible and any **estimated** co-payment as services are rendered. Please remember that the contract is between you and your insurance company and **your total balance in our office is always your responsibility.** We make every effort to give you an accurate estimate of what your portion of our fees will be, based on information provided to us. However, we have no way to guarantee the actual terms of your policy or the benefit your insurance company will pay. If for any reason there is a balance remaining after your insurance company's payment, you will be sent a statement. Any dispute regarding reimbursement of the amount of reimbursement is between you and your insurance carrier.

### Past Due Accounts

Accounts ninety (90) days past due may be turned over to a third party collection agency. This action will cause an additional amount of fees (40% - 50% of the unpaid balance) to be added to the balance of your account. We try never to do this and do so only if all other efforts to collect your unpaid balance have failed.

### Consent

I have read, understand and agree to the financial policies outlined above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name