



PAYMENT POLICY

We appreciate the opportunity to provide dental services to you. Since most of our patients are on private insurance plans, as a courtesy to our patients we file nearly all of our insurance claims electronically on the day of your visit. Please keep us informed of any changes in your insurance coverage or carrier.

OFFICE POLICY

Our office requires a **24 hour** notice for any appointment(s) you are unable to keep. If you cannot keep your scheduled appointment, please call us within **24 hours** of your appointment or you may be charged a fee of **\$75.00**.

For your child's safety and comfort, children under the age of 18 will not be treated unless a parent or legal guardian remains in the office while your child is being treated.

PAYMENT IS DUE AS SERVICE IS RENDERED

We accept cash, checks, and credit cards (VISA, MasterCard, Discover). For those who prefer the convenience of payment spread out over a comfortable period of time, finance options are available through **CareCredit Finance**. They offer no interest plans, as well as, low fixed rates options, with no prepayment penalty, and it covers fees up to \$25,000. For more information, inquire with someone in our finance department or to apply, you can call toll-free at (800) 677-0718 or visit their Web site at: www.carecredit.com. In order to keep costs low and reduce cancellations and appointment no shows, we require a deposit be paid for all dental treatment visits. For dental treatment of \$2000 and over, a deposit of half the treatment amount is required in order to reserve your appointment. For treatment costs under \$2000, we require payment in full in order to reserve the appointment. If you do not show up for your appointment, or give us less than 24 hour notice of cancellation, you will forfeit the amount paid.

INSURANCE

If you have dental insurance, we will accept your assigned insurance benefits towards payment on your account. Our experienced staff will assist you in maximizing your insurance benefits and **estimating** what will be covered by your insurance plan. You are responsible for paying all co-payments, deductibles and uncovered procedures as services are rendered. You are also responsible for all balances not paid by your insurance company. Your dental benefits are based upon a contract made between your employer and an insurance company. The insurance you have is a legal contract between YOU and your insurance company. Our office is not, and cannot be a part of that legal contract.

We strictly enforce our billing and collection policies and hope that with your assistance we can keep our unpaid claims and overhead to a minimum. Our policy is as follows:

30 days past due: You will receive a statement that shows both patients responsibility and insurance responsibility. Please call your insurance carrier and insist they pay your claim.

60 days past due: You will receive a statement of unpaid charges. If we have not heard from your insurance carrier, all charges will be your responsibility. You must either pay your dental charges, or immediately contact your insurance carrier and have your claim processed.

90 days past due: You will receive a statement of unpaid charges **plus** a \$50.00 late penalty. Since we have not heard from your insurance carrier, these claims now become **your** responsibility. Payment is expected immediately. In the event that we do not receive payment, your unpaid bill will be sent to our dental collection company. Your bill will be subjected to an 18% annual interest rate, collection fees, and attorney's fees.

I acknowledge and agree that payment for services rendered is due at the time that such service is rendered and that payment arrangements must be made in accord with the financial policy. I authorize payment of benefits to Charlotte Progressive Dentistry or one of its assignees for services rendered under the terms of my insurance policy.

SIGNATURE (Responsible Party)

DATE