DR. DARLINGTON'S OFFICE FINANCIAL POLICY

Thank you for choosing us as your dental health care provider. We are committed to your satisfaction. Please understand that payment of you bill is considered part of your treatment. The following is a statement of our financial policy which we require you to read and sign prior to receiving any services. Your signed copy will be retained in your chart.

FULL PAYMENT IS DUE AT TIME OF SERVICE. WE ACCEPT CASH, CHECK, ALL MAJOR CREDIT CARDS.

ALL RETURNED CHECKS WILL BE SUBJECT TO A $40.00 RETURNED CHECK FEE

Insurance: We may accept assignment of Insurance benefits; however we do require that your deductible and/or co-payment be paid at the time of service. We do require a major credit card to be kept on file in case there is a balance after your insurance pays. We will contact you before we charge your card with the amount owed. The balance on all services is your responsibility, whether your insurance pays or not. We cannot bill your insurance unless you provide us with all insurance information. Your Insurance policy is a contract between you and your insurance company. We are not a party of that contract, however as a courtesy to our patients we will file the claim for you. It is your responsibility to know the limits and provisions of your policy. Please be aware that some or perhaps even all of the services provided may be a **" non Covered"** services and not considered reasonable and necessary under some dental plans. You as the policy holder may need to contact you insurance company for further information on covered services.

Usual and Customary rates: We charge what is usual and customary for our area. You are responsible for payment in full regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients: An adult who is legally responsible for payment of services rendered must accompany Minors. This adult must be able to legally consent to treatment for the minors. For unaccompanied minors, Non-emergency treatment will be denied unless charges have been prepaid.

Emergency and after-hour appointments: All after hour and emergency appointments will be seen on a cash only fee for services basis.

Missed appointments: Unless canceled at least 24 hours in advance, missed appointments will be billed at a rate of $75.00. If you reschedule your appointment within 30days of missed appointment that $75.00 will be put towards your next appointment.

Collections Fees: If your account should be turned over to collection agency or attorney, any and all fees associated with collecting your account will be added to the original balance owed to this office.

THANK YOU for understanding and abiding by our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial policy. I understand and agree to the terms of this policy.

X_____ _____

Signature Of Patient Or Responsible Party **Date**