

Thank you for choosing Daurity Family Dentistry for your dental care, we are committed to the success of your treatment. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy, which we request that you read and sign.

Full payment is due at the time of service.

We accept cash, visa, MasterCard, discover, American express and personal checks. There is a returned check fee of \$25.00 for any check that is returned to us with insufficient funds. We also offer Carecredit, which is an affordable financing option for your treatment.

Regarding Insurance:

We are participating providers for BCBSNC, MetLife, Delta Dental, Assurant (dental health alliance), Humana, Dentemax and several others. If you have any questions whether or not our office participates with your particular plan, please ask one of our staff members. If your plan is one that we participate with we will accept assignment of benefits and bill your insurance according to your plan. All deductibles, copayments and disallowed charges are due at the time of service. We will do our best to estimate your portion due, but please remember this is just an estimate and you may still have a balance due after your insurance company pays their portion.

We will do all that we can to get the most benefits possible reimbursed for you, however we cannot bill your carrier for your reimbursement unless you provide us with current insurance information. Please be aware that some of the services provided may not be covered or may be considered above the "usual and customary procedures". We are committed to providing you with the best treatment while charging what is usual and customary for our area. You are responsible for payment of your account, regardless of any insurance company's arbitrary determination of usual and customary fees. If insurance has not responded to a claim within 60 days of submittal, the full account balance becomes the account holder's responsibility. We do not file secondary insurance, but are more than happy to provide you with everything that is needed to file a secondary insurance claim.

Past due account balances are subject to a 15% finance charge. In the event that your account has to be placed with a collection agency, the cost involved including any attorney fees, will be at the expense of the patient.

Regarding Missed Appointments:

We do not double book appointments. When we schedule an appointment for you, this time is reserved just for you. If you must change your appointment, please give us at least 24 hours' notice. There is a fee of \$25 for a missed or broken (canceled without proper notice) appointment. In some cases, we reserve the right to charge the full value of the missed appointment. Please help us serve you better by keeping your scheduled appointments.

Thank you for reading and understanding our Financial Policy. Please let us know if you have any questions or concerns regarding this policy, we would be more than happy to answer them.

Signature:	Date:	′/	′ <u></u>