

FINANCIAL POLICY

Thank you for choosing Dr. Gardner and Dr. Harris to provide your dental care. We appreciate your trust and look forward to working with you. In order to prevent any misunderstanding and to better serve you, we ask that all patients read and sign our **Financial Policy**. If you have any questions, please ask a staff member.

Verifying Insurance: As a courtesy to you, we will verify your insurance for eligibility benefits prior to your appointment as well as any time that you notify us of any change in your coverage. The Insurance companies do not guarantee payment based on the information they provide us. You are ultimately responsible for knowing if there are any waiting periods for the work to be performed. Any amounts on your treatment plan that are not covered by your insurance, are your financial responsibilities.

Insurance Information: New Insurance as well as changes in insurance must be provided to this office prior to an appointment. Failure to provide correct and current insurance information may result in the entire bill being your responsibility.

Changes in personal information: Changes in your address or telephone numbers should be provided immediately. If this office is unable to contact you by telephone or by mail and your balance is overdue, your account will be sent to a collection agency.

Requests for Additional Information: These must be responded to immediately. Such requests include proof of college student's full time status and proof of continued enrollment in an insurance plan. Failure to provide the information to the insurance company in a timely matter may result in the entire balance being your responsibility.

Payment: Payment is due before or at the time of service. Additionally, if you have a balance following an insurance payment from a previous visit, you will be expected to pay the amount also.

Balances: If your account balance exceeds 30 days, you will receive a notice informing you that your account is overdue. If you do not pay your balance or arrange a payment plan within 10 days, your account will be turned over to a collection agency. If this happens, an **interest fee** (currently 18% of your balance) will be added to your account balance, as well as a **collection charge** (currently 30% of your balance). The collection agency will report the unpaid balance to the major credit bureaus.

Returned Checks: There will be a \$32.00 fee for returned checks. The amount of the check plus the fee must be paid within 10 days of notification by money order, cash, or credit card. Once a check has been returned, this office will no longer accept checks for payment.

Cancellation/ Failed Appointments: Obviously last minute cancellation or failed appointments are the most costly part of this business. We ask that you try to give us 48 hour notice if you must cancel an appointment, so that we may place another patient in that time slot. Not showing up for an appointment will require prepayment in order to reschedule your appointment.

Thank you for reading this information in full. Please sign below to acknowledge that you understand the entire **Financial Policy**

Print

Signature

Date