

Financial Policy, Payment Policy, Cancellation Policy



Payment for dental care is due and payable at the time services are rendered.

INSURANCE: Insurance is a benefit provided to employees by their employer to assist them in obtaining proper medical and dental care as needed. Insurance does not usually pay the entire cost for all procedures you may need. Insurance will usually pay most preventive visits, x-rays and cleanings. The patient is ultimately responsible for the full payment of any and all fees for services provided by Brogdon Dental PC. We file your insurance as a courtesy. You are responsible for any balance not covered by your insurance, including any amount that exceeds your insurance company's usual, customary and reasonable (UCR) rate.

Please be assured my staff does everything possible to help you obtain the entire insurance benefit to which you are entitled.

We do not wait to see what insurance will pay. We will estimate what the insurance company will pay, and the patient will be responsible for the estimated difference the day we begin treatment. If the patient's liability is over \$1000.00, see Tina for outside financing options. If we finance in office, we will do a credit check, and there will be a service charge of 18% APR added to any outstanding balance. All payments are due in our office no later than the tenth of the month. A repeat billing charge of \$5.00 will be added to any account for which we have not received a payment in over 30 days. Any payments received after the due date will be subject to a \$15.00 late fee. There is a \$25.00 service charge on all returned checks.

There is a charge of \$75.00 for all appointments cancelled without sufficient notice of at least 24 hrs. We understand there are emergency situations that may arise and we provide a 24-hour on call service for your benefit.

I have read and understand this financial policy statement and agree to abide by its terms. If for any reason my account is turned over to an attorney for collection, I will be responsible for all court costs and attorney's fees

Responsible Party Signature

Date