

Office/ Financial Policies

Thank you for choosing our office for your dental needs. We would like to acquaint you with our policies regarding dental insurance, schedule changes etc. We always strive to maintain quality dentistry with compassion in a comfortable and friendly atmosphere. We would like to welcome you and your family to our dental family.

◆**Self-Pay**-Payment is due at the time treatment is rendered. We accept Cash, Personal checks, Care Credit, American Express, Care Credit, Discover, Master Card and Visa charge or debit cards.

◆**Dental Insurance**-If you have dental insurance, as a service to you, we will complete your insurance form with all the necessary information and submit it to the insurance company. We ask that you pay the estimated co-payment at the time services are rendered. If you fail to bring the required insurance information to your appointments, we will ask that you pay the bill in full and be reimbursed from your insurance company. Our office does not guarantee that your insurance company will pay for the treatment you receive from our practice. If your claim is denied or the treatment is down-coded and or alternative benefits given, you will be responsible for paying the full balance amount left on the account at that time.

Our office will not enter in to a dispute with your insurance company over any claim, although we will provide the necessary documentation your insurance company requests to settle the claim.

◆**If your insurance company has not made a payment within 30 days of billing, the balance will become your responsibility. (Insurance coverage is a contractual agreement between the insurance company and you or your employer. We have no control over this relationship).**

I authorize and release information and payment of my dental insurance to the dentist.

There is a minimum charge of at least \$35.00 for a broken appointment.

SIGNIFICANT EXPOSURE- Section SC 44-29-230 (CONTROL MEASURES– HIV) for the State of S.C. provides that in the event of significant exposure (e.g. needle stick), consent for testing for Human Immunodeficiency Virus (HIV), Hepatitis B Virus and Hepatitis virus is considered to have been given by the patient and /or healthcare worker thereby granting the Hospital the right to perform such tests. Test results are confidential and can only be released in accordance with applicable laws and the policy of a local hospital.

Minor Patients- The adult accompanying the minor is responsible for the payment on the account. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, credit card, cash or check, payment is paid on the account at the time of service.

Text Messaging- Our practice uses text messaging to remind patients and/or guardians of our patients of upcoming appointments.

Would you like to receive appointment text messages from our office? Yes / No

I have read and understand fully the financial options. I understand that in the event my account becomes delinquent I will be responsible for any court costs, collection and/or attorney fees. **Balances over 90 days old are subject to a monthly finance charge of 1.5%.**

Signature of patient, parent or guardian

Date