FINANCIAL POLICY

Greenfield Periodontics and Implant Dentistry

1. Fees for all initial exams are due on the day that the service is provided.

2. Insurance Policy:

   i. As a service to our patients, we will file insurance claims on their behalf and will respond in a timely manner to requests for additional information made by the carrier.

   ii. We will accept assignment of insurance benefits as payment of services rendered with any amount not expected to be covered by insurance due on the day of service. We will allow a maximum of 90 days for the receipt of insurance payment; however, if payment is not received in this time the patient will become responsible for payment of the account. Please understand that insurance coverage is a relationship between the insurance company and the insured (the patient). The patient is the customer of the insurance and thus has the leverage in getting claims paid in a timely manner. As the provider, we have no recourse against insurance companies that are habitually delinquent and reserve the right to refuse to accept assignment from such companies.

   iii. "Usual and customary" (or maximum allowable fee) determinations made by your insurance company indicate the level of coverage purchased by the subscriber (your employer) and are not necessarily indicative of average fees for procedures.

   iv. Any balance due after the insurance claim has been paid will be billed to the patient and is due within 30 days. Any resulting overpayment will be refunded to the patient in a timely manner.

3. Payment Plans

   i. Payment plans are available through our office. They will be discussed at your initial visit per your request.
   ii. We accept Visa, MasterCard, and Discover.

4. We reserve the right to charge interest on past due account balances. Interest will be charged at an annual rate of 18%. If collection procedures are required, the patient is responsible for all collection fees. A $25 fee will be charged for all returned checks.

5. We reserve the right to charge for failed appointments (minimum of $40). An appointment is considered "failed" if it is cancelled with less than a 24-hour notice, or if a patient misses an appointment with no notification. We ask that as a courtesy a notice of at least three (3) days be given on all appointments that must be rearranged.

I have read the above Financial Policy and agree to the terms outlined. I hereby authorize payment to Dr. Julie L. Combs of the group insurance benefits otherwise payable to me. Additionally, I authorize the release of any information relating to dental claims submitted by Dr. Combs. I understand that I am responsible for all fees for dental treatment regardless of payment by my insurance company and I fully understand that an appointment cancelled with less than a 24-hour notice is subject to a failed appointment charge as noted.

SIGNATURE: ____ **DATE:** __________________